

**COLLEGE OF CHARLESTON**  
**REQUEST FOR STUDENT FOOD ASSISTANCE / TEMPORARY HOUSING ASSISTANCE**

The Student Food / Temporary Housing Assistance program may provide meals/dining dollars for use in the College of Charleston dining facilities and/or temporary housing, if available, for up to 10 days. The program is for eligible students who need short-term assistance and are currently enrolled and have exhausted all other funding options. After submitting this application, the student will be contacted for a meeting to discuss this request with a staff member in the Office of the Dean of Students.

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**SECTION A: STUDENT'S INFORMATION**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SECTION B: STUDENT'S HOUSING INFORMATION**

- Off Campus  
 Residence Hall/Room Assignment: \_\_\_\_\_

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**SECTION C: STUDENT'S REQUEST** Please check all that apply:

- Food Assistance  
 Temporary Housing in Residence Hall

If requesting temporary housing, please include dates to help determine best placement, if available, with the understanding a temporary residence hall assignment is double or triple occupancy with a limit of up to 10 days.

**Next, please briefly describe your current situation or reason for needing food assistance / temporary housing:**

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**SECTION D: STUDENT'S MONTHLY EXPENSE SUMMARY**

Please estimate your current monthly expenses for which you are responsible for paying:

- Rent \_\_\_\_\_  
 Utilities: Electric \_\_\_\_\_ Water \_\_\_\_\_ Cable/Internet \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Health Insurance \_\_\_\_\_  
 Vehicle Loan Payment \_\_\_\_\_ Insurance \_\_\_\_\_ Parking \_\_\_\_\_ Gas \_\_\_\_\_  
 Public Transportation or Taxi/Uber/Lyft \_\_\_\_\_  
 Credit card(s) \_\_\_\_\_  
 Other Debt Repayment \_\_\_\_\_  
 Other expenses \_\_\_\_\_

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**SECTION E: ACKNOWLEDGEMENTS / SIGNATURE**

*I declare that the information in this application is true, and I understand that additional food support or housing will be considered only after I have accepted and received all of the grants, scholarships and student loans offered to me. I understand that the program is to assist only the student applying, not other family members, and submission of an application is not a guarantee of approval.*

*I understand that the Financial Aid, Student Affairs, Card Services and Housing Offices may review current meal and housing plans, monitor the use of additional meals/housing support, and may require additional documentation as part of the review.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form to Office of the Dean of Students, Stern Center 3<sup>rd</sup> floor or to Ashley Daniels at [danielsa@cofc.edu](mailto:danielsa@cofc.edu)

**Dean of Students Case/Review:** \_\_\_\_\_ **Housing Office Review:** \_\_\_\_\_

**Financial Aid Confirmation:** \_\_\_\_\_ **Cougar Card Services Confirmation:** \_\_\_\_\_