



Request for Student Relief Funding
generously sponsored by SMC faculty and the Associated Students

Academic Senate

Student Relief Fund

Please review guidelines at <http://www.smc.edu/ACG/AcademicSenate/Pages/Student-Relief-Fund.aspx> before submitting.

Name of Student _____ ID# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-mail _____

Has the student applied for Financial Aid? (NOTE: All awards are required to be reported to financial aid as income.)

Describe in detail the student's current situation and how financial assistance would help:

Please list the student's immediate financial needs, specifying items and dollar amounts:

Name of Referring Faculty/Staff _____

Department _____ Extension _____

Date _____ Signature _____

Submit to Peggy Kravitz, Chair/Counseling Faculty, 1734 Pearl St.

Committee Action: _____ - _____
__ Awarded _____
__ Denied _____
Date _____

Requisition Sent _____
Notified _____
RFA _____