

With a generous donation from the Jackson Healthcare System, the TCSG Foundation will establish the Jackson Healthcare Foster Student Emergency Assistance Fund. The fund will provide assistance for educational expenses that cannot be covered by other sources of funding. Students are expected to first apply for and use private benefits, federal Pell grants, Georgia's Hope Grants, and the Georgia Hope Career Grant as primary sources of funding for their education. Funding will be considered for emergency expenses, when non-payment of these expenses could require a student to withdraw from college.

Annual Allocation of Funds:

- The total amount to be distributed annually will be determined by the TCSG Foundation Board of Trustees under the recommendation of the Commissioner of TCSG and the college presidents.
- The college foundations may apply to the Foundation as needed for up to **\$2,000 per student**. The college foundation shall:
 - Submit an application and supporting documents to the Foundation for approval.
 - Upon approval funds will be disbursed to the party listed on the application. Under no circumstances will funds be issued directly to the student.

Distribution of Funds:

- Each foundation will determine which students receive the aid and the amount of aid they shall receive.
- The fund is intended for one-time use, and students are limited to one award per academic year.
- Payments will vary based on need and availability of funding. Awards should not exceed \$2,000 per student per semester without permission from the TCSG Foundation.
- For amounts over \$2,000, college foundation staff should request an exception in a letter to the TCSG Foundation outlining the following: Name of student, date submitted, amount desired and a brief, but thorough explanation of the need.
- Payments must be paid to the college's business office, bookstore, or other vendor as needed, and will follow standard State of Georgia policies, TCSG college policies, and the local TCSG college foundation guidelines.
- Under no circumstances shall a student receive funds directly.

Student Eligibility Requirements: In order to qualify for assistance, a student must:

- Be verified by the college as qualifying student under SB 107 (State of Georgia Tuition Waiver) as a foster care or formerly foster care student
- Enroll as a full or part-time student at a Technical College System of Georgia college, taking a minimum 6 of credit hours
- Have a cumulative GPA of at least 2.5, or earn a 2.5 GPA in their first semester of attendance (if applying during their first semester)
- Demonstrate financial need that makes it difficult to pursue postsecondary education without this assistance.

Jackson Healthcare Foster Student Emergency Assistance Fund

Application for Assistance

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-mail _____

College _____ Student ID Number _____ Credit Hours _____

Degree or Certificate Program _____ Current GPA _____

By checking this box, I certify this student has been determined under SB107 DFCS requirements.

AMOUNT OF MONEY REQUESTED: \$ _____ **TO BE PAID TO:** _____

BRIEF DESCRIPTION OF EDUCATIONAL NEED (attach additional sheets if needed):

CURRENT SOURCES OF SUPPORT FOR EDUCATION (CHECK ALL THAT APPLY):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Post-9/11 GI Benefits | <input type="checkbox"/> Federal Pell Grant | <input type="checkbox"/> Hope/Zell Miller Grant | <input type="checkbox"/> Hope Career Grant |
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> Family Support | <input type="checkbox"/> Salary/wages (self) | <input type="checkbox"/> College Foundation Support |

If OTHER: identify source(s) and amount(s):

APPLICANT SIGNATURE:

- My signature below attests that the above information is correct and complete.
- My signature authorizes TCSG college foundation staff members to access my academic record, financial aid documentation, and other institutional information required to support this request. I agree to allow TCSG Foundation to release this information to Jackson Healthcare for donor reporting purposes.
- My signature acknowledges that the TCSG college foundation may pay a third party on my behalf. If the funds are paid directly to me, I will be required to report the funds as income under IRS rules.

Signature

Date

COLLEGE FOUNDATION REPRESENTATIVE SIGNATURE:

My signature below attests that I have verified the student's academic/military eligibility and financial aid status and approve this request as a financial emergency that could otherwise disrupt the student's academic progress.

Name

Title

Signature

Date