Angel Fund

Emergency Scholarship Application Tom & Francis Leach Foundation Fund

This scholarship is funded by the Tom & Francis Leach Foundation for the purpose of assisting students in an emergency situation if they have no other financial resources to cover the cost of their emergency. This emergency scholarship should be used as a last resort for students with a true emergency situation that is preventing them from attaining their educational goals.

Students may receive the Angel Fund Scholarship no more than one time per year.

Eligibility criteria: students must have a cumulative (overall) GPA of at least 2.00, must be enrolled full-
time (a minimum of 12 credits), and maintain an attendance record of at least 67%.

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Completed Application
Written statement of emergency
Supporting documentation as proof of financial burden

TYPE of EMERGENCY & DOCUMENTATION REQUIRED:

- 1. Medical Emergency: Gas & Lodging
 - a. Letter regarding medical emergency
 - b. Medical emergency must be 100 miles or more
 - c. Must be self, spouse, or child
- 2. Eviction from home/deposit to rent housing
 - a. Letter regarding eviction notice
 - b. Homeless status from reliable agency
 - c. Deposit statement from housing entity
- 3. Vehicle Repairs: Batteries, struts, fuel pumps, brakes, transmission, points and plugs, heaters, parts to keep vehicle running (Excluding tires)
 - a. Two estimates
 - b. Vehicle title or registration card in student's name
- 4. Home Emergency Repairs: Plumbing, fire, furnace, water heater
 - a. Must provide proof of home ownership. (Title of home or home maintenance bill in student's name.)
- 5. Fuel for Home (Conditional, must apply for fuel assistance and provide proof.)
 - a. Letter from fuel assistance program stating denial or approval for assistance.
- 6. Electricity: Deposits, disconnection
 - a. Letter from electric company declaring deposit requirement or disconnection notice.

^{*}When a student is applying for the Angel Fund for car repairs each estimate must include the business name, address, phone number AND a date for the estimate. In addition, any type of bill must be on official business letterhead or on the billing statement and must be billed in the student's name.

Turtle Mountain Community College * P.O. Box 340 * Belcourt, ND 58316 * (701)477-7862 * Fax: (701)477-7943 Amount you are requesting: Have you previously applied for this emergency scholarship? Yes No If yes, when: Personal Information: (First) Student Name: _____ Student ID: (Middle) Permanent Mailing Address: (Street/P.O. Box) (Apt. #) (City) (State) (Zip) E-mail address: Alternate Phone Number: () -Phone Number: (*Please notify us immediately if there are any changes of address, phone, or email. Academic Profile: Sophomore: Junior: Senior: Freshman: Program of Study: # of credits enrolled: Expected Graduation Date: GPA: Written Statement of Emergency: Please tell us how you plan to use the Angel Fund Emergency Scholarship. Include how this funding will help you maintain your educational goals. Statement should not be longer than one page. Disclosure: I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. In addition, all information obtained from this application may be used by the Tom & Leach Foundation, along with Turtle Mountain Community College, for marketing and recruiting purposes. Signature: ______ Date: ____/ ____

FOR OFFICE USE ONLY	Date reviewed:
Application: APPROVED or DENIED	Amount:

Received: / / / By: