



## Undocumented Student Relief Fund Application

CENTRAL OREGON  
community college

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Central Oregon Community College offers the Undocumented Student Relief Fund to support undocumented students with financial challenges related to their educational costs. Important notes:

- Students must be registered in at least one credit to receive funding.
- Students may submit one request per term.
- Students who receive Undocumented Student Relief Funds *are also* eligible for the [COCC Student Financial Assistance Fund](#), [COCC Emergency Fund](#), and other funding opportunities at COCC.
- COCC reviews applications when received and notifies students of the decision via their COCC email account. If approved, applicants will be contacted to arrange fund disbursement.
- Funds are limited and based on availability.
- There is a \$500 limit per term.

**Step 1. Describe Your Emergency:** Check the box category that best describes your emergency

- |   |  |
|---|--|
| <input type="checkbox"/> Vehicle Repair/Transportation    | <input type="checkbox"/> Loss of aid and near program completion |
| <input type="checkbox"/> Eviction/Housing                 | <input type="checkbox"/> Technology support                      |
| <input type="checkbox"/> Utility Shut Off/Past Due Notice | <input type="checkbox"/> Medical/Dental needs                    |
| <input type="checkbox"/> Childcare Expenses               | <input type="checkbox"/> Other:                                  |

Please briefly explain emergency:

**Step 2. Urgency:** To determine the urgency of your financial emergency, check all boxes that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> I am at risk of withdrawing from all courses | <input type="checkbox"/> I am currently unable to attend my courses |
| <input type="checkbox"/> I am at risk of failing                      | <input type="checkbox"/> Other:                                     |
| <input type="checkbox"/> I need reimbursement for costs already paid  | <input type="checkbox"/> Need funds by:                             |

**Step 3. What amount are you requesting:** Please be specific.

**Step 5: Contact Information**

Student Name:

Student ID Number:

Mailing Address:

COCC Email Address:

Date:

By checking this box, I certify that the above information is true.

**Staff reviewing applications may request further information as needed to determine award options.**

**When complete, submit this form via email to** Christy Walker ([cwalker2@cocc.edu](mailto:cwalker2@cocc.edu))

If you have any questions please reach out to Christy Walker.