



Return form to: The Friends of Chabot
College Building 100, Room 140
25555 Hesperian Boulevard, Hayward, CA 94545
(510) 723-6810 • Fax (510) 723-6772
friendsofchabot@chabotcollege.edu

The Peter Sategna Education Foundation 2021-22 Veterans' Emergency Fund Scholarship Application

Referring Chabot Faculty or Staff (Classified Prof., Admin) Name:		
Academic year:		
First Name:	Last Name:	W#
Address:		
City:	State:	Zip Code:
E-Mail:	Home Phone:	Cell Phone:

The purpose of these emergency funds are for costs that a student cannot cover due to unforeseen circumstances such as theft, sudden financial hardship, changes in family circumstances, etc., that prevent the student from completing their coursework. The funds may only be used to meet basic needs such as but not limited to; text books, school supplies, transportation, rent and utilities. Funds are not intended to replace state and/or federal financial aid, and a student will only be awarded once during their lifetime at Chabot College. Veteran eligibility will be verified by the Chabot Veterans Resource Center.

1. AMOUNT REQUESTED: _____ (\$500 min.- \$1,000 max.)

2. PURPOSE OF REQUEST: (Check all that apply)

- Books – Only required text books (must match class registration)
- Tuition – Fees and/or non-residency fees
- Transportation – Public transportation, parking pass, gas card
- Supplies – Limited to those that are directly relevant to your course work and classroom needs
- Utilities – PG&E, Water, Garbage
- Rent – Rent and/or deposit
- Other Need: _____

3. JUSTIFICATION: Please explain in detail below the reason(s) you are requesting emergency funds and how these funds will help you.

4. SUPPORTING DOCUMENTS:

Please attach **1) your current class schedule** and **2) any supporting documentation** that demonstrates your need and supports your request. Examples: PG&E bill, police report, insurance claim, medical bill.

Email this application along with attachments to friendsofchabot@chabotcollege.edu, and allow up to five business days for an email response. **Emails must be from a student Zonemail account or Chabot faculty or staff (classified professional, administrator) email address.**

I certify that all information provided on this request form and any attachments are current and accurate and that any Emergency Aid received will be used only for the purposes listed in this application.

	Date		Date
Type Student Signature		Type Chabot Faculty or Staff Name	

Reminder!! If you have not already done so:
 ✘ Complete 2021-22 FAFSA/CA Dream Act for Financial Aid application
 ✘ Complete verification / submit requested documents to complete your financial aid file for consideration of other financial aid.
 ✘ If you submitted initial verification documents, please allow 4-8 weeks from date you turned in documents, and regularly check Class Web /theZone for updates to your financial aid file. Further action may be required following our review.

The Friends of Chabot College Internal Use			
Date:		Amount funded:	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Signature:	