



COVID-19 Student Services Emergency Funds

Student Name (PRINT): _____
Last name First name

Student signature: _____ Date: _____

*Current Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Student ID No.: _____

Reason for request: _____

In order to be eligible for the Emergency Funds, the following conditions must be met:

1. Emergency basis. Amount: \$250
2. Have exhausted all financial resources.
3. Must be currently enrolled and in good academic standing with a minimum G.P.A. of 2.0.

Approved Not Approved

Dean of Counseling: _____ Date: _____

Director of Foundation: _____ Date: _____

*Mendocino College Student Services
1000 Hensley Creek Road
Ukiah, CA 95482
707-468-3048*

Please return form to Kris Bartolomei (kbartolo@mendocino.edu) or Eliza Fields (efields@mendocino.edu). You may also reach out to the contacts with any questions.

***Please list the address in which you receive mail (i.e. P.O. Box/deliverable physical address)**