



East Los Angeles College  
Transforming Lives Campaign  
Student Emergency Assistance Application



|  |                              |                                   |                                 |                                       |  |       |  |
|--|------------------------------|-----------------------------------|---------------------------------|---------------------------------------|--|-------|--|
| Application Date:  |                              |                                   |                                 | Semester:                             |  |       |  |
| <b>Student Information</b>   |                              |                                   |                                 |                                       |  |       |  |
| First Name:  |                              |                                   |                                 | Last Name                             |  |       |  |
| Date of Birth:   |                              |                                   |                                 | Student ID Number:                    |  |       |  |
| Street Address:  |                              |                                   |                                 | City:                                 |  | ZIP:  |  |
| Home Phone:  |                              |                                   |                                 | Cell Phone:                           |  |       |  |
| LACCD Email:   |                              |                                   |                                 | Personal Email:                       |  |       |  |
| <b>Emergency Assistance Request</b>  |                              |                                   |                                 |                                       |  |       |  |
| Have you previously applied for Emergency Assistance at East Los Angeles College?                            |                              |                                   |                                 |                                       |  |       |  |
| If yes, provided an approximate date:  |                              |                                   |                                 |                                       |  |       |  |
| Provide a summary of the hardship you are currently experiencing:  |                              |                                   |                                 |                                       |  |       |  |
| List the type/s of assistance you are requesting:  |                              |                                   |                                 |                                       |  |       |  |
| <b>Student Signature:</b>  |                              |                                   |                                 |                                       |  |       |  |
| <b>Office Use Only</b>   |                              |                                   |                                 |                                       |  |       |  |
| EF   | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Check/Serial #:                       |  | Date: |  |
| EL   | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Amount:                      Acct. #: |  | Date: |  |
| C  | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |                                       |  |       |  |
| F  | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |                                       |  |       |  |
| HI   | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |                                       |  |       |  |
| T  | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |                                       |  |       |  |
| O  | Type:                        |                                   |                                 |                                       |  |       |  |
| <b>Certification</b>   |                              |                                   |                                 |                                       |  |       |  |
| I hereby certify that the above expenditures are in accordance with the Transforming Lives Campaign Mission. |                              |                                   |                                 |                                       |  |       |  |
| _____  |                              |                                   |                                 |                                       |  |       |  |
| Designee Signature   |                              |                                   |                                 |                                       |  |       |  |