



BRCC's SOAR (Student Outreach and Resource) Center assists students to apply for temporary emergency financial assistance funding. This funding provides short-term financial assistance for current BRCC students who find it difficult or impossible to complete or continue their education due to an emergency situation or sudden unforeseen circumstances. This program is committed to assist students in maintaining their enrollment at BRCC.

Preferred Eligibility Requirements

- Be actively enrolled and attending class
- 12 credit hours completed
- Earned at least a 2.0 GPA
- Demonstrate a clearly defined emergency or unexpected situation
- BRCC must be the applicant's primary institution
- May not be on Financial Aid suspension
- May not owe money to any Virginia Community College
- Students enrolled in Fast Forward programs will be reviewed on a case-by-case basis

Application Process

If you would like to submit an application, please complete the application in full. The application should be sent (via email or dropped off at the office) to the SOAR Coordinator who will assist you in the application process, and complete the process.

Additional required information:

- Current BRCC transcript (unofficial)
- Copy of Financial Aid award if applicable
- Copies of any bills for which you are requesting assistance (**must include account number, your name, name of payee and address**)

Upon submission of your application, a committee will review your request, and a prompt response by phone or email will be provided to the applicant. Decisions made by the Review Committee are final. If approved for funding, **payment processes will be coordinated directly with the vendor/agency** the applicant has requested assistance with. The SOAR Center liaison will initiate the request for payments. **PAYMENTS ARE NOT MADE TO THE APPLICANT DIRECTLY.**

To submit application materials or ask questions, please contact:

SOAR Coordinator - Donna Clem
SOAR Center Houff 164A (across from the cafeteria)
540-453-0253 or email clemd@brcc.edu or SOAR@brcc.edu

APPLICANT INFORMATION

Student ID Number: _____ Today's Date: _____

Student Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

VCCS Email: _____

EMPLOYMENT STATUS

Employer: _____

 Full-time Part-time Not Employed**CURRENT COLLEGE DATA****Enrollment Status:** Full-time Student Part-time Student Workforce/FastForward Student**Credits Earned:** _____ **Credits Currently Enrolled in:** _____ **Cumulative GPA:** _____**Program of Study:** _____**ACADEMIC & CAREER GOALS****What are you plans as they relate to your future educational goals at BRCC?** Graduate and enter workforce Graduate and transfer to another insitution Earn college credits and then transfer to another institution Refresh skills in a particular area



ASSISTANCE REQUEST

Please specify the category(ies) for which you are requesting emergency funds:

Utilities Automobile Expense Housing/Rent Child Care
 Gasoline Other, please specify: _____

Amount of funds requested: _____

Have you previously applied for BRCC SOAR Student Emergency Financial Assistance?

Yes No

If yes, how much aid did you receive? \$ _____

FINANCIAL INFORMATION

Are you the head of household? Yes No

Number of persons in the household: _____ Number of your dependents: _____

Have you applied for, or are you currently receiving Financial Aid? Yes No

If yes, please indicate the award amount: \$ _____

Are you currently receiving State or Federal Assistance? Yes No

If yes, please indicate which program(s):

SNAP WIC Medicaid TANF FAMIS

Other: _____

Award Amount: \$ _____ Award Amount: \$ _____ Award Amount: \$ _____



INCOME/EXPENSES

Monthly Income

Monthly Income Earnings (include all job earnings) _____

Additional Income Sources (alimony, child support, etc.) _____

Total Monthly Income: _____

Monthly Expenses

Housing (rent/mortgage): _____

Utilities (electric, gas, phone, wifi, water, etc.): _____

Groceries (average monthly amount spent): _____

Car payment and car insurance: _____

Credit Card (monthly minimum payment): _____

Total credit card debt: _____

Any **other** monthly expenses (description): _____

Amount of **other** monthly expenses noted above: _____

Total Monthly Expenses: _____

OTHER INFORMATION

How did you hear about the Student Emergency Financial Assistance Application?

___ Faculty ___ Advisor ___ Peer ___ BRCC Website ___ Classroom

Other, please specify: _____

STUDENT ACKNOWLEDGEMENT

SOAR's resources are aimed at helping current BRCC students continue their education. Those who have completed 12 credits, have earned at least a 2.0 GPA, or enrolled in Fast Forward class, and can clearly define their "at risk" emergency or unexpected situation are given priority for funding assistance. Some of the SOAR Center's funding comes by donations from community members, BRCC alumni, and faculty and staff who give generously to "pay it forward." However, providing emergency financial assistance is only one small part of what we do. Additional resources include referral services to address physical, emotional, and social support.

In the future, you may be in a position "to pay it forward." When you are able, please consider making a donation to BRCC's Educational Foundation, earmarking contributions for BRCC SOAR Center.

I certify that this application information is accurate, and understand the mission of the SOAR Center's services.

Signature

Date

After completing the application above, the SOAR Coordinator will contact the student, gather information to complete the following questions and process the application.

1. What circumstances brought you to apply for BRCC's Student Emergency Financial Assistance?
2. Have you sought assistance elsewhere (family, friends, loan, other):
3. Do you have monthly budget? Yes No
4. Are you willing to complete a financial literacy online course? Yes No
5. If your request is approved, how will this funding help you continue your education at BRCC?

Date Received by SOAR: _____ Received By: _____

Date Submitted to Committee: _____ Approved: _____ Denied: _____

Amount Approved: _____

Student Notified (Date and method of notification): _____

Submitted to Foundation for Processing Payments: _____