



**STUDENT EMERGENCY GRANT FUND FOR MATRICULATED STUDENTS  
AT KINGSBOROUGH COMMUNITY COLLEGE**

I, the undersigned, certify that the information provided on this application is true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (please print) \_\_\_\_\_

By accepting money from this fund, you agree to the following terms:

**Applicant Agreement**

- I understand that the falsification or distortion provided in my application for the emergency grant or in the subsequent report could jeopardize funds for students in the future. Such action may subject me to disciplinary action by Kingsborough Community College.
- I am aware that In the event that the total amount of your award totals \$600 or more during a calendar year, a Form 1099-Misc may be issued to you at year-end, governed by IRS regulations.

I have read and understood the above agreement. I agree to the terms and conditions of the award, and I warrant that any and all representations made by me are true and to the best of my knowledge.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name (please print or type) \_\_\_\_\_

**Please email completed application, essay and documentation to:  
scholarships.kcc@kbcc.cuny.edu**

To be filled out by the Scholarship Committee: Semester: \_\_\_\_\_ Balance: \_\_\_\_\_

EFC: \_\_\_\_\_ Financial Need: \_\_\_\_\_ Pell: \$ \_\_\_\_\_ Scholarship Amount: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_