

**Financial Emergency Grants to Support the Success of Nursing Students  
at Norwalk Community College (NCC)**

**Application**

Date	
Name	
Student ID	
Address	
City, State	
Zip	
E-Mail	
Best Phone Number	

Number of Adults in your household:	
Number and Ages of Children in your household:	
Are you currently working? If you are working - how many hours per week?	
What is your current academic goal?	
How many credits do you need to complete your goal?	

<p><b>Please indicate the nature of emergency and how receiving this Grant will help you towards completion of your nursing degree.</b></p> <p><i>Please note that this information will only be shared with the nursing administrator you consult and the NCCF and is used ONLY for the purposes of this request. (Funds are not available for tuition, fees, or books.)</i></p>
<b>I certify that all of the information above is true and correct.</b>
<b>Signature of Applicant</b>
<b>Date</b>

**OVER FOR MORE INFORMATION**

**To Be Completed by one of the following Nursing Department staff members:**

- Judith Mocchiola, MSN, RN, *Interim Director, Nursing and Allied Health*
- Angela Chiebowski, MSN, RN, *Department Chair, Nursing*

I affirm that \_\_\_\_\_ has met the following criteria

- Completed application
- Is a Nursing student in good standing at NCC
- Is enrolled in 6 credits or more for the semester of application
- Has a documented need for assistance to remain in the Nursing program, such as:
  - Child Care
  - Equipment and/or uniform
  - Essential Household Living Expenses
  - Transportation
  - Other

**Please provide any additional information you think is relevant to considering this student's request.**

*Please note that this information will be used ONLY for the purposes of this request.*

**Signature of Administrator**

**Email**

**Phone**

**Date**