

De Anza College Basic Needs Center Emergency Grants Request Form

If you're facing a financial emergency, we may be able to help. De Anza can provide limited, one-time cash grants of up to \$750 for students who are impacted by hardship or are struggling with an urgent expense that might interfere with attending school.

If you have any questions regarding basic needs resources, email dabasicneeds@fhda.edu.

Processing Timelines

- It can take up to 4 weeks (if not sooner!) for you to receive a response to your request.
- It can take an additional 2–3 weeks to disburse grants through the Financial Aid Office. Monitor your email for updates.
- Emergency fund requests will only be reviewed during the fall, winter and spring quarters.

Note: If you haven't already done so, please submit your financial aid application to see if you are eligible for additional aid. It's free! Visit our Financial Aid Office for more information: <https://www.deanza.edu/financialaid/>

Minimum Eligibility Requirements

To confirm that you meet the minimum requirements to receive an Emergency Grant, please check the following boxes and enter the number of units you are taking and the quarter in which you are applying (fall/winter/spring).

I am a De Anza College student, and I am taking _____ units this _____ quarter.

I confirm that I have not received any other De Anza College emergency grant funding.

I understand that I can make a request for Basic Needs Center Emergency Funds only once during my academic career at De Anza.

Special Programs Participation

Tell us if you are part of special programs or learning communities on campus (EOPS, Guardian Scholars, Rising Scholars, Puente, Umoja, Men of Color Community, etc.):

Student Name: _____ Student ID#: _____
Phone #: _____ Email: _____

Which type of Financial Aid have you already applied for?

- Free Application for Federal Student Aid (FAFSA)
- California Dream Act Application (CADDA)
- Neither FAFSA nor CADDA

How much emergency funds do you need (up to \$750)? _____

What type of expense do you need this money for?

- | | |
|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Transportation or Car Repair | <input type="checkbox"/> Medical or Healthcare Expense |
| <input type="checkbox"/> Child Care or Dependent Care | <input type="checkbox"/> Computer or Software |
| <input type="checkbox"/> Fees or Tuition | <input type="checkbox"/> Books or Class Materials |
| <input type="checkbox"/> Other (please explain): _____ | |

Please write a short statement—no more than 300 words—explaining your situation and why you need this money. You can also attach documents, if needed.

Student Signature: _____

Date: _____



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---Staff Processing Only---

Basic Needs Center Staff Signature: _____

Date: _____

Basic Needs Center Staff Notes, if any:

Financial Aid Staff Signature: _____

Date: _____

Financial Aid Notes, if any: