

**Portland Community College Foundation
Application for Emergency and Student Support Funds
Fostering Success/PDX Bridge Programs**

Please provide the following information. An incomplete application will cause delays in approval of funds.

Student name: _____

G#: _____ Phone #: _____

PCC E-mail: _____

Amount requested: _____

Briefly describe reason for request:

How would these funds impact your success as a PCC student?

What steps are you taking/will you take to improve your financial situation?:

Student referred for assistance by (faculty/staff, if applicable)?: _____

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Please also attach some form of documentation of the amount you are requesting. For example: a tuition bill, a signed note from a landlord, a screenshot of a website showing the cost of a needed car part, a bill, a receipt etc. Please be as specific as possible. If you have questions about this step, please contact Allison Trowbridge, College Success Coach for PDX Bridge and Fostering Success programs at Allison.trowbridge@pcc.edu or 971-722-6029.

If your request is approved, please indicate how you would like to receive funds:

- US Mail. Address: _____
- Pick up from Campus Business Office. Campus: _____
- Deposit in student account

By signing I certify that this application is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

*****FOR PCC USE ONLY*****

Reviewed & Approved by: _____

Notes:

Signature: _____

Date: _____

Foundation Managing Director Approval: _____

Payment Issued By: _____ Date: _____

Verification of Foster Care Status

In order to provide you with emergency, student support, or scholarship funds through the PCC Fostering Success Program, we need to have a way to verify you are or were in foster care.

Choose one option below and follow the directions to be verified:

- Is there a PCC staff member or a staff member from a school district or community agency that partners with PCC, who knows you well and can verify that you are or were in foster care? If so, please provide us with their contact information:

Name of staff member:

Employer and job title:

Email/phone number:

- Do you have some kind of DHS paperwork or correspondence from DHS staff that indicates that you were in foster care? If so, please bring a copy to Allison Trowbridge at PCC Southeast, Tabor Hall, Room 123 or email a copy to allison.trowbridge@pcc.edu. You can also take a photo of the paperwork and email it.

Or

- Sign the attached Consent for Release of Information and we can verify directly with Oregon DHS your current or past experience in foster care.

Thank you!



Consent for Release of Information

I hereby authorize Portland Community College (person or agency name requesting information) to conduct a records check through DHS Child Welfare to determine eligibility for services for myself.

I also authorize DHS-CW to talk to: Allison Trowbridge, Fostering Success to determine what assistance or information is needed to provide me with services.

I understand that the information received will remain confidential, and any concerns found will be discussed confidentially.

Client Information:

Name _____
Date of Birth _____
Social Security Number _____

Client Signature: _____ Date _____

Return form to: DHS ILP Desk
500 Summer Street NE, E76
Salem, OR 97301
FAX: 503-945-6969