## JACKSONVILLE COLLEGE CARES APPLICATION

Completed Jacksonville College Cares Applications must be received by the Jacksonville College Business Office no later than Tuesday, August 18, 2020. Applications with required supporting documentation may be emailed to Jacksonville College at <a href="maileo:careact@jacksonville-college.edu">careact@jacksonville-college.edu</a>; mailed to the Jacksonville College Business Office, 105 B.J. Albritton Drive, Jacksonville, TX 75766; or personally delivered to the Jacksonville College Business Office.

Applications will be considered in the order in which they are received. Financial assistance will be awarded on the basis of student need and the availability of funds.

Student Information:
First name:
Last Name:
Student ID Number:
Preferred Telephone Number:
Preferred Email Address:
In which of the following semesters were you enrolled at Jacksonville College? (Check all that apply.)  Spring 2020  Maymester 2020  Summer 1  Summer 2  Fall 2020
For which of the following semesters do you plan to enroll at Jacksonville College? (Check all tha apply.)  Summer 1 Summer 2 Fall 2020
Do you play a sport for Jacksonville College? ☐ Yes ☐ No If yes, which sport?
Are you a member of the Jacksonville College Choir? $\ \square$ Yes $\ \square$ No
Are you an international student? ☐ Yes ☐ No
Did you live on campus during the Spring 2020 semester? ☐ Yes ☐ No

Are you presently living on campus due to COVID-19, and are you unable to return home? $\Box$ Yes $\Box$ No
If you lived on campus in Spring 2020, what was the name of the campus housing?
Will you live on campus in Fall 2020? ☐ Yes ☐ No
If you are a commuter, from what town or city do you commute?
Do you have a need for counseling in any of the following areas? (Check all that apply.)  ☐ Finances ☐ Stress Due to COVID - 19 ☐ Personal Life ☐ Academics
Do you need tutoring for a specific subject or subjects? ☐ Yes ☐ No If yes, which one/ones?
Which of the following financial information applies to you? (Check all that apply.)    I have completed my FAFSA for 2019-2020.*   I am presently receiving unemployment benefits.*   I am currently receiving government assistance for food.*   I am currently receiving government assistance for housing.*   I am a veteran.*   I aged out of the foster care system.   I am presently unemployed.   I have experienced a reduction of income.   I lack the resources I need to participate in college classes.   I do not own a computer.   I do not have internet service.
Documentation must be submitted with this application for any of the above items marked by an asterisk (*).
With which of the following expenses do you need help?  Tuition for Classes Technology Fee Student Service Fee Dorm Deposit Dorm Fee Off Campus Housing Rent Meal Plan Student Insurance

<ul> <li>□ Books</li> <li>□ Transportation Expenses</li> <li>□ Supplies for Home or Class (toilet paper, cleaning supplies, paper towels, toothpaste, pens, paper, etc.)</li> </ul>
Do you have a balance on your Jacksonville College account? ☐ Yes ☐ No If yes, how much is your balance?
In a brief paragraph, describe your financial hardship.
Does your current financial situation put you at risk of being unable to enroll in Jacksonville College? ☐ Yes ☐ No
What type of financial assistance for attending Jacksonville College do you expect to receive? Check all that apply and give the amount if you know what it is. Otherwise, leave the space blank.
☐ College Scholarship (athletic, commuter, choir, academic, etc.) Amount:
Outside Scholarship Amount:
□ Loan Amount:
☐ College Payment Plan Amount:
☐ Monetary Assistance from Family or Friends Amount:
Approximately how much financial assistance do you anticipate needing?
By signing below, you acknowledge that all the information provided is true and correct and that any funds awarded will be utilized to cover the expenses outlined within this application.
Signature:
Date: