CHEMEKETA COMMUNITY COLLEGE FOUNDATION

INTERNATIONAL STUDENT EMERGENCY FUND

Application

Today's date: _____   Student's ID K# _____

_____

Last Name   First Name

_____

Current Address (number and street)   City   State   Zip Code

Telephone: (Home) _____ (Cell) _____

Home Country _____ E-mail address _____

Gender: ☐ Male   ☐ Female

Describe the emergency need:

_____

_____

_____

_____

Complete, sign and return this application to the Chemeketa International Programs, Building 2, Room 174.

_____   _____
Student Signature   Date

For Program Use Only:

Request approved / denied by _____
       (circle one)   IP Signature   Date

Amount authorized _____   Make check payable to: _____

Approved for payment _____ Account: 719769 - 762001
                     Foundation Executive Director