



## Pay it Forward Award

### Emergency Aid Authorization

I authorize an emergency aid award from the Roane State Community College Foundation to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

(Student name and R number)

for the purpose of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that these funds are very limited and I certify that this is a worthy student who needs this emergency assistance to stay in school. The student must complete the second page of the agreement and pledge to repay the funds to the Roane State Foundation so that a future student in similar need can be helped. Please refer to the attached guidelines when recommending this student for Foundation support.

***I have obtained Financial Aid Verification.***

\_\_\_\_\_  
Campus Liaison - Name and Title (Please Print) \_\_\_\_\_  
Campus

\_\_\_\_\_  
Campus Liaison - Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Foundation Authorization \_\_\_\_\_  
Date

Financial Aid Verification to ensure this award does not adversely affect the student's other Financial Aid.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Please submit the completed form to [foundationdept@roanestate.edu](mailto:foundationdept@roanestate.edu) or send to the Foundation Office through campus mail.



# Pay it Forward Award

## Emergency Aid Student Agreement

I, \_\_\_\_\_, am a student in the \_\_\_\_\_ Program Roane State Community College who has been authorized to receive emergency aid from the RSCC Foundation in the amount of \$\_\_\_\_\_. I certify that I am in need of this Emergency Aid. Below is a brief explanation of why these funds are needed.

---

---

---

---

---

---

I agree to ***submit a well written thank-you letter and a photograph to Roane State Foundation within 5 business days.*** These can be sent by email to [foundationdept@roanestate.edu](mailto:foundationdept@roanestate.edu) or directly to Roane State Foundation, 276 Patton Lane, Harriman, TN 37748.

I pledge to “pay it forward” (repay) these funds to Roane State Foundation so future students in need can receive assistance. This pledge will be honored when I am financially able to do so.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Preferred email address

\_\_\_\_\_  
Home Phone Work Phone Cell Phone