

For Office Use Only:

Student's Name: _____

Application approved: *EFC:* _____ *Unmet Need:* _____ *Rating Evaluation Score:* _____

Application denied:

Reason for denial: _____

Application review/decision date: October 12, 2016

Application reviewed by: Kim Reed

Semester/Year: Fall 2016 *Award amount:* \$ _____

Students will be awarded points based on the following six point scale. Students will be able to receive between 0-6 points per application form. Students with higher point totals will receive priority awards from SEOG.

One point will be given for each of the following criteria:

- | | |
|---|-------|
| 1. <i>Transportation Issues</i> | _____ |
| 2. <i>Outstanding Debts</i> | _____ |
| 3. <i>Child Care or Family Support Issues</i> | _____ |
| 4. <i>Medical Issues</i> | _____ |
| 5. <i>Unemployment Related Issues</i> | _____ |
| 6. <i>Emergency Related Issues</i> | _____ |
| <i>Total Points =</i> | _____ |