

## Michael Thompson Fund for Students with Disabilities

Helen Thompson established this fund in memory of her son, Michael Thompson. Michael was a graduate of Shorecrest High School and attended Shoreline Community College from 1965 – 1967 before transferring to the University of Washington. Helen pushed Michael across the SCC campus in his wheelchair so that he could attend his classes. This fund provides financial assistance in a time of need to students with disabilities that might otherwise prevent disruption of their continued studies at Shoreline Community College. Students who need assistance of \$250 or less in any given academic school year are invited to apply. Award can be used toward SCC tuition and/or fees, textbooks and required course materials, parking permits, bus passes, childcare, academic software or academic technology and/or equipment.

*This award has no cash exchange value and is non-transferable.*

### Eligibility Criteria

- ❖ Applicant must be a returning SCC student enrolled in a minimum of 5 credits.
- ❖ Applicant must be a Washington state resident (as defined by the College).
- ❖ Applicant must show evidence of academic success with a minimum SCC clvl 2.0 GPA.
- ❖ Applicant must have current documentation on file with Student Services for Disabilities Program.

### Application Procedures

To be considered, please submit **1** collated packet (typed). Packet must include:

1. Completed **Application**.
2. Completed **Budget Worksheet**.
3. **Class Schedule** showing enrollment in a minimum of 5 credits.
4. **SCC Unofficial Transcript** showing a minimum SCC clvl 2.0 GPA.

*The application will be reviewed by the SCC Director of Special Services.*

**NOTIFICATION:** Applicants will be notified of the decision within a week of the application being submitted if submitted during an academic session. Breaks during winter, spring, and summer do not count as part of the one-week notification time.

**Please submit in person with required documents to:**

SCC Director of Special Services – Kathy Cook  
(206) 546-4544      kcook@shoreline.edu  
FOSS Building – room 5226



# BUDGET WORKSHEET

Name \_\_\_\_\_ Student # \_\_\_\_\_ Date \_\_\_\_\_

INCOME AND OTHER RESOURCES	MONTHLY AMOUNT	ESTIMATED EXPENSES	MONTHLY AMOUNT
<b>FAMILY INCOME</b>		<b>HOUSING AND FOOD</b>	
Student's Net Income		Rent/Mortgage	
Other income		Utilities	
Assistance from others		Telephone/Cell Phone	
		Cable/Internet	
		Food	
<b>OTHER RESOURCES</b>			
<small>(Federal Financial Aid in separate section)</small>			
Public Assistance		<b>PERSONAL</b>	
Food Stamps		Clothing	
Veteran's benefits		Entertainment	
Social Security		Medical/Dental	
Unemployment		Child Care	
Alimony		Personal misc	
Child Support		Credit Card(s)	
DVR			
		<b>TRANSPORTATION</b>	
Other		Bus	
		Car	
		Gas	
		Maintenance	
		Insurance	
		Payment	
		Parking Permit	
		<b>OTHER</b>	
<b>TOTAL MONTHLY INCOME</b>	A) \$	<b>TOTAL MONTHLY EXPENSES</b>	E) \$
<b>QUARTERLY INCOME</b>	B) \$	<b>QUARTERLY EXPENSES</b>	F) \$
(3 months A x 3)		(3 months E X 3)	
<b>FINANCIAL AID</b>	<b>Quarterly Amount</b>	<b>EDUCATION EXPENSES</b>	<b>Quarterly Amount</b>
Grants		Tuition & Fees	
Scholarships		Books	
Work Study		Supplies	
Worker Retraining		Testing Fees	
BFET		Other	
Loans			
<b>Total Financial Aid</b>	C) \$	<b>Total Education Expenses</b>	G) \$
Savings	D) \$		
<b>TOTAL QUARTERLY INCOME</b>		<b>TOTAL QUARTERLY EXPENSES</b>	
(B + C + D)		(F + G)	