

Pay-It-Forward: **EMERGENGY AID Authorization Form**

Student Name:	P	RaiderNet ID Number: R		
Student Financial Needs and Purp	ose of Award:			
STUDENT PLEDGE: TO "PA	AY IT FORWARD" & SUBI	MISSION OF THA	NK YOU LETTER	
 I pledge to submit a "thank yo business days, and if I fail to o 	This pledge will be honored w	hen I am financially the RSCC Foundat d being forfeited.	able to do so. ion within ten (10) understand that this	
Student Signature		 Date		
Address Roane State Email Address Preferred Email Address Student: Submit "		 _ Phone		
FACULT	//STAFF: VERIFICATION/	CERTIFICATION		
I,, un a student in good academic state and upon completion will have Amount requested for student • Attach a copy of the report • Financial Aid has been Ver	anding who needs assistand fulfilled all the requirements Finish Line Scholarship: \$from Degree Works:	ce to complete the sto graduate(initial	eir degree/certificateal by Recommended	
Recommended by: (Please Print and initial)		Campus	Campus	
RSCC Dean of Department – (Plea	se Print & Sign)	Date		
Foundation Authorization		Date		

Staff: Submit this completed form to need@roanestate.edu.

Form Last updated: 1/29/24