

WAUKESHA COUNTY TECHNICAL COLLEGE

Financial Aid Department
 College Center, room C-019
 800 Main Street | Pewaukee, WI 53072
 262.691.5436 (Phone); 262.691.5123 (Fax)
 money@wctc.edu

Hands-Up Grant (HUG) Application

The Hands-Up Grant was developed to assist students in situations that would prevent them from continuing their education due to an emergency financial issue, once they have been enrolled at WCTC. The HUG allows for a maximum of \$500 per student for a one-time grant opportunity. Students must be nominated for this grant by a WCTC Counselor.

This section is to be completed by the student				
WCTC ID Number	Student's Last Name	Student's First Name	MI	
Address		City	State	Zip
Program of Study		Email Address		Year and Term HUG is for
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian: <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White or Caucasian		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of children who receive more than 50% of their financial support from you:
Are you eligible to receive assistance from or have you applied for any of the following sources? If yes, check all that apply:				
<input type="checkbox"/> Bureau of Indian Affairs (BIA) <input type="checkbox"/> Financial Aid <input type="checkbox"/> Trade Adjustment Assistance (TAA) <input type="checkbox"/> Private Industry Council <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Scholarships <input type="checkbox"/> Department of Vocational Rehabilitation (DVR) <input type="checkbox"/> Employer Tuition Reimbursement				

This section is to be completed by a WCTC Counselor (Complete the following information about yourself)	
Last Name	First Name
Email Address	Phone Number
Counselor's Signature	Date Signed

1. Explain why the funds are needed and how they will be used. *Use the back or attach a separate sheet if you need additional space.*

2. What dollar amount will help the student continue his/her education?

