

## Student Hardship Fund Application

**Instructions:**

1. Complete application.
2. Submit via email or hard copy to Delicia Lucky, [dlucky@emory.edu](mailto:dlucky@emory.edu), of the Financial Aid Office.
3. You will be contacted with the date of the meeting where you will have the opportunity to meet face-to-face with the Hardship Fund committee, unless you would like to submit your application anonymously.

<b>APPLICANT INFORMATION</b>		<input type="checkbox"/> <b>Would you like to submit anonymously?</b>	
Name: Last, First		Maiden Name (if applicable)	
Street Address	Student ID	Year	
Preferred Contact Method	Home Phone	Work Phone	
City, State, Zip	Email	Division (College, Business, etc.)	

### APPLICANT REQUEST

I would like to request: \$\_\_\_\_\_ in assistance due to a catastrophic event. (Maximum \$500)

**I am an Emory University Student who has experienced the following catastrophic event:**

<b>Catastrophic Event</b>	<b>Documentation Required</b>
<input type="checkbox"/> Death in the family	Certified Death Certificate, Obituary
<input type="checkbox"/> Uninsured medical expenses caused by severe illness or accident	Medical Bill(s), Certification of Medical Condition
<input type="checkbox"/> Uninsured losses caused by fire, crime, flood income or other disasters	Insurance claims, Police Report
<input type="checkbox"/> Unusual uninsured expenses for the care of a sick family member	Expense Receipts
<input type="checkbox"/> Job loss of family household member	Proof of Unemployment, Foreclosure or Eviction Notices
<input type="checkbox"/> Other	Any supporting documentation that substantiates your request

**Supporting Documentation is required for approval and awards are subject to availability of funds.**

**Please explain your catastrophic situation. Feel free to use a separate page if necessary.**

You are encouraged to justify the amount you request as it relates to the circumstances.

**I have read and understand the provisions of the Emory University Hardship Fund Policy. I understand that completion of this form is not a guarantee of approval.**

*\*I hereby authorize the appropriate individuals to review my student records and disseminate information relating to my time at Emory to a committee of faculty, students, and administrators. I understand the information will be handled privately, anonymously, and will not be shared. I accept the final decision of the committee.*

*\*You may only apply once per catastrophe per academic school year.*

*\*Applications solely to support purchasing books will be denied.*

*\*Signing your name below electronically signifies your agreement to the terms of this application.*

*\*Submit applications by emailing Delicia Lucky ([dlucky@emory.edu](mailto:dlucky@emory.edu)) with all supporting documentation or drop a hard copy off at the Office of Financial Aid.*

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_