

Student Hardship Fund Application

Instructions:

1. Complete application.
2. Submit via email or hard copy to Delicia Lucky, 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.

| | | | |
|------------------------------|------------|---|--|
| APPLICANT INFORMATION | | <input type="checkbox"/> Would you like to submit anonymously? | |
| 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:

| Catastrophic Event | Documentation Required |
|--|--|
| <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) with all supporting documentation or drop a hard copy off at the Office of Financial Aid.*

Applicant Signature: _____

Date: _____