



Thank you for applying to the Student Hardship Fund. We understand that funding your educational experience can be at times overwhelming and when an unexpected event happens, that can make everything more challenging. The Student Hardship Fund was created to help students with that unexpected event and the aftermath associated with that event.

Student Hardship Fund Application

Instructions:

1. Complete the application
2. Submit via email or hard copy with supporting documentation to Delicia Lucky in the Financial Aid Office (dlucky@emory.edu).
3. All applicants will be presented to the committee anonymously. You will not be able to meet with the committee.

APPLICANT INFORMATION		
Name	Requested Amount (Maximum \$500)	
Email Address	Student ID (EMPL ID)	Grade Level (First Year, etc.)
Preferred Contact Method	Cell Phone	School (College, Business, etc.)

APPLICANT REQUEST

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

Unexpected Event	Documentation Required
<input type="checkbox"/> Death in the family	Certified Death Certificate, Obituary
<input type="checkbox"/> Uninsured medical expenses caused by 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 unexpected event. Feel free to use a separate page if necessary.

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

If awarded funds for the Student Hardship Fund, what would you use the funds for? (This is required.)

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 academic school year.*

***Applications solely to support purchasing books or paying a student's balance 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: _____