

STUDENT IN CRISIS APPLICATION

Student Name: _____

Date: _____

University ID: _____

Faculty/Staff Referral: _____

STUDENT STATEMENT:

I understand that the Student in Crisis Fund application is reviewed by Committee and is approval of this application is not guaranteed. I also understand that should my application be approved, the monies would be dispensed to me only once per calendar year for basic needs and that this award does not require a repayment of the funds.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

Authorization to dispense funds:

1. _____ (Printed Name)
_____ (Signature)
2. _____ (Printed Name)
_____ (Signature)
3. _____ (Printed Name)
_____ (Signature)

Date funds dispensed: _____ Amount: _____

Dispensed by: _____