

**STUDENT EMERGENCY FUNDS - APPLICATION FORM**

First Name: _____

Last Name: _____

Student ID # _____

Phone Number: _____

Email Address: _____

Please provide a statement explaining why you are requesting Student Emergency Funds. Use additional paper if necessary.

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Please list the expense(s) and amount(s) for which you are requesting assistance.

Total:	\$

Please provide a brief explanation of your financial circumstances, and describe your efforts to obtain funds through other sources. Use additional paper if necessary.

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To qualify based on financial need, you must meet one of the following criteria:

1. You or your family receives public assistance.
2. Applicant's total family income is at or below the maximum amounts set by the U.S. Department of Health & Human Services.
3. The expected family contribution toward the student's college education is \$0 verified by the Office of Financial Aid.

Provide documentation when submitting form. If you do not have any of the documents above or receive any of the government assistance listed, please submit a DETAILED statement explaining your situation.

Student Certification

By submitting this form and typing my name below, I certify that:

- The information is complete and accurate
- I will use Student Emergency Funds only for the purposes specified
- I will reimburse Morton College if the funds, or some portion of the funds, are no longer needed or if funding is provided to me from another source, e.g., insurance
- I will submit receipts or other documentation as requested

Name: _____ Date: _____

Please send the completed form to **studentemergencyfund@morton.edu** or drop off in Academic Advising, Building B, 1st floor. Students will receive an acknowledgment by email with information about any next steps. Next steps could include a face-to-face meeting with the Emergency Fund committee. **Committee decisions are final and not subject to appeal. Recipients will only receive one grant during their study at Morton College.**