



# STUDENT EMERGENCY FUNDS - APPLICATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please provide a brief explanation of your financial circumstances, and describe your efforts to obtain funds through other sources.** Statement must be typed as an attachment or request an electronic form to fill out. Be prepared to submit documentation to support your statement.

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

<b>Total:</b>	<b>\$</b>

**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.
4. Specific personal financial hardships (unexpected costs, medical/police reports, eviction letters, etc.)

**Provide all documentation when submitting form. If you do not have any of the documents above or receive any government assistance, please explain your current situation in detail in your personal statement.**

Send the completed form to [studentemergencyfund@morton.edu](mailto: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.

### 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 purpose specified.
- I will submit receipts or other documents as requested.
- 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.

Name: \_\_\_\_\_

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