

Student Emergency Fund Request Form

CONFIDENTIAL

Please read the Eligibility Guidelines before completing this request form.

Student Name:	Student ID Number:	Date:
Address:	City/State:	Zip:
Email:	Phone Number: ()	
I am currently enrolled at SUNY Schenectady County Community College(Y/N)		
I am matriculated in the	program. Anticipat	ted graduation date
Name of faculty/staff member who referred me or who could serve as a reference:		
Amount of emergency finar	ncial assistance requested: \$	Date Needed:
Please attach <u>copies</u> (no originals) of documents that address the emergency circumstances (e.g. receipts, legal papers, insurance claims, etc.)		
The following information is required for reporting purposes for the grants that help support the Student Emergency Fund. These data will be reported in aggregate form; i.e., data for each item will be combined with that of other students, and no student names will be included in these reports.		
Age: Gend	er: MaleFemaleO	ther
Race and Ethnicity: Are you of Hispanic origin? Yes No		
How would you best describe yourself? White Black/African American Asian Native Hawaiian or Pacific Islander American Indian/Alaskan Native Unknown		



Describe the crisis causing your financial emergency:		
Describe what the emergency financial assistar	nce will be used for:	
Please initial each of the following statements t	o indicate your agreement with them:	
I have read and understand the Student E	mergency Fund Eligibility Guidelines.	
I have read and understand the Student E	mergency Fund Acceptance Form.	
I authorize the Student Emergency Fund C regarding my financial emergency.	Coordinator to contact any necessary third parties	
	ion permission to use my circumstances (without names those who benefitted from the Student Emergency	
Student Signature:	Date:	