

CHECK LIST FOR  
STUDENT EMERGENCY FUNDING REQUEST

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

Student: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

*-- Area below to be completed only by the Financial Aid Office --*

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\_\_\_\_ Original Current Class Schedule

\_\_\_\_ GPA or Transcript \_\_\_\_\_

\_\_\_\_ Essay (Requesting the following)

\_\_\_\_ Tuition      Amount: \_\_\_\_\_

\_\_\_\_ Books      Amount: \_\_\_\_\_

\_\_\_\_ Other      Amount: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_ Financial Aid information (loans, grants, \$ receiving, decline)

Verification from F.A. office (1293/1294) \_\_\_\_\_

\_\_\_\_ Other Income

\_\_\_\_ Work

\_\_\_\_ Full-Time

\_\_\_\_ Part-Time

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Scholarship Application Complete for:

\_\_\_\_ Summer    \_\_\_\_ Fall      \_\_\_\_ Spring    \_\_\_\_ Academic Year

\_\_\_\_ Recommendation Letter From: \_\_\_\_\_

\_\_\_\_ *AWARDED:* \_\_\_\_\_

Date

\_\_\_\_ Thank You Note

\_\_\_\_ *DECLINED:* \_\_\_\_\_

Date