

## STUDENT EMERGENCY FUND REQUEST FORM

First Name:

Last Name:

Student ID Number:

Primary Phone:

Email:

Address:

The semester in which the emergency occurred:

Amount requested:

**Please answer the following items to help us understand your situation:**

1. Please briefly describe your unanticipated financial emergency and how these funds will be used.
2. Please list (with exact amount of bills) payments you have not been able to make as a result of the unanticipated event.
3. Please describe any efforts made to obtain assistance for these expenses from other sources (family, community organizations, etc.).
4. Please explain how these unexpected expenses might affect your ability to remain enrolled at Colby-Sawyer College.

*[Additional information might be requested.]*

**Please review and check the boxes of you agree to the following:**

- I affirm that information included in this form is complete, true and accurate. I will use the Student Emergency Funding only for the purposes specified.
- This funding is needed for me to continue my education at Colby-Sawyer College.
- I will submit receipts or other documentation as requested.

**Application Procedure:** Please submit the application to [rdavis@colby-sawyer.edu](mailto:rdavis@colby-sawyer.edu). If approved, you will be notified of the aid amount and the method of payment/assistance.

**Staff Discretion:** Decisions regarding distributions of monies from the Student Emergency Fund will be made on a case-by-case basis by the Student Emergency Fund Committee chaired by the Vice President for Student Affairs & Dean of Students. Committee members consist of faculty and staff.

**Questions:** For additional information about the Student Emergency Fund contact Robin Burroughs Davis, Vice President & Dean of Students, at [rdavis@colby-sawyer.edu](mailto:rdavis@colby-sawyer.edu).