

Medgar Evers College
The Carroll and Milton Petrie Foundation Student Emergency Fund Program Application

Medgar Evers College Carroll and Milton Petrie Student Emergency Grant program has been created to provide quick response emergency financial assistance to full-time students who are faced with an unexpected financial emergency. The purpose is to enable students to continue their education at Medgar Evers College rather than taking a leave of absence.

PLEASE PRINT LEGIBLY:

The information requested below will help determine your eligibility for this grant. You will be contacted within 72 hours from the submission of this application at which time you will be asked to provide any available documentation verifying the emergency nature of your situation. Please complete both sides of this application.

Date of request: _____	Amount requested: _____
Applicant's Name _____	Last four digits of SS# _____
Address: _____	City _____ State _____
Cell/Home Phone Number _____	Email _____
Emergency Contact _____	Relationship to you _____
Address: _____	City _____ State _____
Contact's Phone Number _____	Email Address _____

Student Classification: Freshman Sophomore Junior Senior **Gender:** Female Male

Are you a Full Time student? Yes No **Is your current GPA above 2.00?** Yes No **Major:** _____

What was your first semester of enrollment Fall/Summer Spring Year _____

How did you learn about the Emergency Fund? Flyer Website Email Word of Mouth Other _____

Referred By:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> SASS Center |
| <input type="checkbox"/> Women's Center | <input type="checkbox"/> Male Development Center | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Academic Department/Dean/Faculty _____ | <input type="checkbox"/> Other _____ | |

How many offices did you visit before receiving an application? 0, used website 1 2 3 or more

Please indicate the type of emergency for which you are requesting a grant. Note that emergencies include, but are not limited to the following :

- | | |
|---|---|
| <input type="checkbox"/> Homelessness or sudden loss of housing | <input type="checkbox"/> Documented eviction proceedings |
| <input type="checkbox"/> Medical/Dental emergency | <input type="checkbox"/> Temporary loss of job or income |
| <input type="checkbox"/> Travel expenses due to illness / death in immediate family | <input type="checkbox"/> Transportation card |
| <input type="checkbox"/> Overdue utility bills/Turn-off notice | <input type="checkbox"/> Food voucher |
| <input type="checkbox"/> Loss of clothing due to fire, flood, etc. | <input type="checkbox"/> Need for winter coat for self/dependents |
| <input type="checkbox"/> Need for interview suit/shoes | <input type="checkbox"/> Need for internship professional attire |
| <input type="checkbox"/> Loss of textbooks, school supplies, computer due to theft, damage, fire, flood, etc. | |
| <input type="checkbox"/> Other (describe briefly) _____ | |

Grants will not be provided to cover full or partial tuition, previous debts to the College, legal representation for a College disciplinary proceeding, or legal representation in a criminal or civil case.

Statement of Need

1. Please briefly explain the nature of the emergency, and how the grant you are requesting will be used. If you need more space, please attach a statement.

2. How would this grant assist you in remaining in school?

3. Do you have documentation of the above emergency or can you obtain such documentation of need (e.g., police report, medical bill, court dispossession notice)?

Yes No Are the documents attached? Yes No

What documents have you attached?

If not, when will the documents be submitted?

4. What efforts have you made to secure financing from other resources?

If I am a Petrie grant recipient, I agree to receive follow-up contact from the program staff and to assist in the documentation of how the grant alleviated the presenting situation and, therefore, allowed me to continue my education at Medgar Evers College. This assistance will include my writing of a summary statement that may be submitted to the funding agency (with identifying information removed) for future program funding.

I understand that the falsification or distortion of information provided in my application or in follow-up contacts will render the current application null and void and could preclude the receipt of Petrie emergency grant funds in the future. Furthermore, such action may subject me to disciplinary action by the College and/or possible criminal prosecution.

I, the undersigned, certify that the information provided on this application is accurate and true.

Applicant Signature

Date

Applicant Name (please print)

For Committee Use Only

Date Received by Committee _____ **Documentation Complete:** Yes No N/A **Date Complete:** _____

SIMS Checked _____ **Financial Aid Checked** _____

Follow-up contact (date) _____

Rating: Emergency Very High High Normal Low

Committee Review: Partial Full **Committee Decision** Yes No

Funds amount disbursed: _____ **Payment Type:** Check # _____ Credit Card _____

Transit Card _____ Food Voucher _____

Petrie number: _____

Comments: _____