

Student Foundation Emergency Scholarship

Provided by funds raised by the Emporia State University Student Foundation

Description

The Student Foundation Emergency Scholarship is available to help students who experience unexpected and unforeseen circumstances which jeopardize their ability to pay for their education. Awards are made to students who have demonstrated a need for temporary financial assistance in order remain a student at Emporia State. Emergency funds are limited and availability varies from semester to semester. This scholarship may only be awarded once during a student's time at Emporia State University.

Eligibility

- ☐ Must be a current, full-time student at Emporia State University (12 hours or more for undergraduate students, 9 hours or more for graduate students)
- ☐ Must have a minimum cumulative GPA of 2.0 for undergraduate or 3.0 for graduate students
- ☐ Must have applied for other support through the Financial Aid Office

Application Process

1. Complete the Emergency Assistance application, the typed responses to the five questions, the Student Financial Information Form, the Faculty/Counselor/Staff Recommendation Form, and the Student Financial Assistance Form. Attach any additional documents if necessary.
2. Turn in completed documentation stated above to:

Office of Financial Aid
ATTN: Student Emergency Assistance Committee
Plumb Hall 103
Emporia State University
Emporia, KS 66801

Please note that all forms must be completed in full and signed prior to being reviewed by the Scholarship Committee. Completed applications must be received before Wednesday at noon to be considered at the next Scholarship Committee meeting. The Committee's decision will be announced to the applicant within 7 to 10 days of receiving the application.

Emergency Assistance Application

Name: _____ E#: _____

Email: _____ Phone Number: _____

Current Address: _____

Class Standing: Freshman Sophomore Junior Senior Graduate Student

Major/Program of Study: _____

Current Academic Advisor: _____

Expected Graduation Date: _____

What semester are you requesting funding? Fall Spring Summer

How much funding are you requesting? Less than \$500 \$500 – 1,000 More than \$1,000

Please attach typed responses to the following questions:

1. **Statement of Need.** In 500 words or less, please describe your current financial situation and how temporary assistance in the form of the Student Emergency Scholarship would assist you.
2. **Other Resources.** In 250 words or less, please describe what other forms of financial assistance you have applied for or looked into.
3. **Future Outlook.** In 500 words or less, please describe how you would plan to maximize the money given to you to ensure that you can continue your education at Emporia State. What will happen if you do not receive this temporary assistance?
4. **Community Engagement.** In 250 words or less, please describe how you would plan to give back to Emporia State and the surrounding community after receiving assistance. Include current information about membership to any student organizations or any other community engagement.
5. **Budget Proposal.** Please give an estimated budget of the assistance you are requesting. Include a detailed response of how the assistance would be used. Please attach any receipts, bills or estimates for your expenses.

Student Financial Information Form

Are you currently employed? Yes No No, but looking for work

If so, monthly income: _____ Employer name: _____

Marital status: _____ Number of dependents: _____

Estimated Costs (per month)

Expense	Amount (\$)
Rent/Mortgage	
Food	
Transportation	
Utilities	
Child Care	
Cell Phone	
Cable/Internet	
Other expenses (please list below)	
<i>Total Expenses per month</i>	

Estimated Income (per month)

Source	Amount (\$)
Earnings of student	
Earnings of spouse	
Parent's contribution	
Savings	
Child Support received	
Other sources (including TANF, DARS, SSI, etc.)	
<i>Total Income per month</i>	

Faculty/Counselor/Staff Recommendation Form

This form is to be completed by an ESU faculty member, counselor, staff member, or other ESU representative for the consideration of the Emergency Assistance Scholarship. If you are filling out the form, please include information regarding how you know the student, the student's progress toward academic goals, their financial need (if known), and any other information you think the Scholarship Committee should know.

Faculty/Counselor/Staff Representative Name: _____

Job Title: _____ Department: _____

Phone number: _____ Email: _____

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Student Financial Assistance Form

I, _____, give permission to the Office of Student Financial Aid and Scholarships to release financial information to the scholarship committee regarding any financial support I may have been awarded from Emporia State.

Information provided by Office of Student Financial Aid and Scholarships will be used to verify financial need and will remain strictly confidential.

Signature

E#

Date

To be completed by the Financial Aid Office.

Please state the applicants' financial need: _____