

## Emergency Scholarship Fund Application

The Emergency Scholarship Fund is donor funded and intended to assist students confronted with an unforeseen personal crisis that has caused them to become unable to meet their college financial obligations. The intention of this scholarship is to assist students who are facing an unplanned and life-altering situation or hardship due to no fault of their own. Students seeking funds must meet eligibility requirements as outlined in the scholarship policy available online at <https://www.missouristate.edu/financialaid/emergency-scholarship-fund.htm>. All awards are contingent on available funds and made on a case-by-case basis.

### A. Student Information

\_\_\_\_\_  
*Name: (Last) (First) (MI) BearPass #*

\_\_\_\_\_  
*Current Address: (Street) (City) (State) (Zip) Phone*

\_\_\_\_\_  
*Email Address Major Anticipated Graduation Date*

\$ \_\_\_\_\_  
*Scholarship Funding Requested (Dollar Amount) Term of Request (Fall, Spring, Summer) and year*

### B. Reason for Funding Request

Identify the reason for this funding request and note the documentation requirements accompanying each category:

- Death of a Legal Guardian** – Must provide proof by submitting a copy of the death certificate, obituary, or a note from the hospital or undertaker.
- Natural Disaster** – Must provide a utility bill or report from insurance company.
- Fire** – Must provide a police/firehouse report and/or insurance report.
- Other** – Any immediate situation that meets the Emergency Scholarship Fund’s intent as stated above. Such cases would be determined on a case-by-case basis with supporting documentation.

In addition to the documentation outline above, submit a typed description of the extenuating circumstance necessitating Emergency Scholarship Funds. Be sure to include any relevant incident dates in your summary.

By submitting this application, the applicant consents to the release of their application information to the selection committee for purposes of selection, as well as to the donor (and his or her representative) for purposes of acknowledgement. Please return this form to the Office of Student Financial Aid, Carrington Hall 101. I consent to the release of the above information provided for the purpose of evaluation by the Missouri State Scholarship Committee or their appointed representatives.

\_\_\_\_\_  
*Student's Signature Date*

In accord with federal law and applicable Missouri statutes, the University does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, disability, or veteran status in employment or in any program or activity offered or sponsored by the University. In addition, the University does not discriminate on any basis not related to the applicable educational requirements for students or the applicable job requirements for employees. The University maintains a grievance procedure incorporating due process available to any person who believes he or she has been discriminated against. Missouri State University is an Equal Opportunity / Affirmative Action employer. Inquiries concerning the grievance procedure, Affirmative Action Plan, or compliance with federal and state laws and guidelines should be addressed to the Equal Opportunity Officer, Siceluff Hall 296, 901 South National, Springfield, Missouri, 65897, 417-836-4252.