



Student Name: _____ Student ID: _____

ECSU Email Address: _____

Mailing Address: _____

City/State/Zip: _____

Amount of funds requested: \$_____

Purpose/Reason for Aid Request **(Please attach supporting documentation):**

“Have you previously received any emergency financial assistance from the university, which was NOT a federal financial aid related loan?” YES NO

Please list the emergency aid you received:

Name of Fund (if known)	Month Year Received	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature: _____

Date: _____

For Committee Use Only

Committee Review Results

Approved

Not Approved

Signature: _____ Date: _____

A copy of approved applications must be sent to the Office of Financial Aid and Scholarships and the Vice Chancellor for University Advancement.

Approved for alternative amount: YES NO Amount \$ _____

Recommending for an alternative emergency fund program/resource:

___ Project Success (additional supporting documentation may be requested)

___ Other _____

(To be written by Review Team member)

Vice Chancellor for Student Affairs Approval: _____ Date: _____