Student Hardship Fund Application

Instructions:

1. Please review the Fund criteria and restrictions
2. Complete application.
3. Submit via email to Chad Dall, Assistant Professor, Director of Outreach and Engagement.
4. You will be contacted regarding your application. Additional information may be requested of you.

APPLICANT INFORMATION

Name: Last, First	Prior Name(s) (if applicable)
Street Address	City, State, Zip
Email	Phone
Program	Anticipated Graduation Year

APPLICANT REQUEST

I would like to request: $_____in assistance due to a hardship event. (Maximum $1,000.00)

I am a Bellin College Student who has experienced the following hardship event:

- ☐ Death in the family
- ☐ Uninsured losses caused by fire, crime, flood, or other disasters
- ☐ Job loss of family household member / Housing hardship
- ☐ Other
- ☐ Uninsured medical expenses
- ☐ Unusual uninsured expenses for the care of a sick family member
- ☐ Accident/ Unforeseen event

Awards are subject to availability of funds. Supporting Documentation may be required for approval.

Any supporting documentation that substantiates your request such as: Certified Death Certificate, Obituary, Medical Bill(s), Certification of Medical Condition, Insurance claims, Police Report, Expense Receipts, Proof of Unemployment, Foreclosure or Eviction Notices

Please explain your hardship situation. Please limit your explanation to 300 words or less.

You are encouraged to justify the amount you request as it relates to the circumstances.

I have read and understood the provisions of the Bellin College Hardship Fund Policy. I understand that completion of this form is not a guarantee of approval.

*I hereby authorize the Student Hardship Fund Committee to review my student record(s) and relevant information as needed. I understand the information will be handled privately, anonymously, and will not be shared. I accept the final decision of the committee. *You may only apply once per emergency per academic school year *Signing your name below electronically signifies your agreement to the terms of this application. *Submit applications by emailing Chad Dall, chad.dall@bellincollege.edu with all supporting documentation.*

Applicant Signature:_____ **Date**: _____