

Emergency Fund (gift aid) Application

Financial Aid Office Phone: (360) 867-6205 Fax: (360) 867-6576 finaid@evergreen.edu

INSTRUCTIONS: READ, Complete, and Sign (write clearly)

Emergency Gift Aid is available to students with an unexpected financial crisis that would cause the student to not complete the term or continue their education. Financial Aid, including emergency gift aid, cannot exceed cost of attendance.

To be eligible for emergency gift aid funding, a student must:

- Be in good academic standing
- Be meeting Financial Aid Satisfactory Academic Progress
- Be an admitted, degree-seeking student attending at least half-time
- Have completed a current year Free Application for Federal Student Aid (FAFSA) or Washington Application for State Financial Aid (WASFA)

Examples of covered expenses could include (supporting documentation may be requested):

- Living expenses that aren't covered with other financial aid
- Child care
- Utility bills
- Auto repair or travel expenses
- Other hardships

Student Information			
Name:	Student ID #:		
Name:(Last) (First)	(MI)		
Address:			_
(Street Address)	(City)	(State)	(Zip)
Phone:Ema	ail Address:		
(Înclude area code)			
Amount Requested: \$			
Please explain why you need these funds? (We cannot consider your request unless a specific reason is provided)			
Prease explain wity you need these funds: (we cannot consider your request unless a specific reason is provided)			
Receiving your funds (please choose ONLY one):			
□ Apply this amount to the charges on my student account; no check will be generated			
□ I have e-refund, please don't print a check; the amount will be direct deposited to my account on file. □ I want the check sent to the mailing address on file.			
Want the check sent to the maining address on lie.			
Your application for emergency gift aid funding will be reviewed within 2 business days. If approved, funds will be disbursed in the manner in which you indicated above. If your request is denied, all decisions are final, and you might			
consider contacting the Financial Aid Office about a 30-day short-term loan.			
By signing, I agree that I have read and understand the terms for which I'm requesting this emergency funding.			
Signature		Date	