



Emergency Grant Application

STUDENT INFORMATION

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Phone Number: _____ Email Address: _____ @xula.edu _____

SCHOOL INFORMATION

Student XU ID: _____ Grade Level: FR SO JR SR P1(Undergraduate)Only

Application Request Date: _____ Requested Amount: _____

Assistance needed in which category:

Utilities Rent/Housing Medical/Dental Vehicle Expenses Gas Public Transportation Pass Childcare Food Other

Did you submit the required documentation needed for support to ensure your application is processed timely? Yes

What would you do if you did not have these funds? (Must complete) _____

The information requested below will *not* be considered in the evaluation of your application.

Gender: Male Female

Marital Status: Single Married Divorced Separated Widowed

If applicable, Number of dependents you have: _____

Race: American Indian/ Alaskan Native Asian Black/African American Hispanic Latino
 Multi-Racial Native Hawaiian/Pacific Islander White/Caucasian Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

English as a second language: Yes No

Did either of your parents complete an associate's degree? Yes No

Are you a Veteran? Yes No Are either of your parents a Veteran? Yes No Are you a foster child? Yes No

By submitting this emergency grant request, I acknowledge and give consent for data to be shared with the Department of Education and Trellis Company, or their representatives, as part of Project Success. I understand that my information will not be sold for any purpose and will not be sold for any purpose and will not be distributed to other parties. Examples of data shared include, but are not limited to: student name and ID, enrollment status, annual income, EFC, emergency request amount, emergency request type, etc.

PRINT FULL NAME HERE: _____

SIGNATURE: _____

DATE: _____

FOR SCHOOL USE ONLY

Award decision date: _____ Fully paid date _____

Directed to services? (specify) _____

Term: _____ Year: _____ Total requested amount: _____ Category of aid: (U/R/M/V/G/P/C/F/O) _____

Total award: _____ Total declined: _____ Total paid: _____

Reenrollment data: (enrolled; graduated; transferred; not enrolled) _____