

Emergency Grant Application

STUDENT INFURIMATION			
First Name:	Last Name:	DOB:	
Address:			
City:	State:	ZIP Code	
Phone Number:	Email Address		ula.edu
SCHOOL INFORMATION			
SCHOOL IN ORWANON			
Student XU ID:	Grade Level: □FR	□SO □JR □SR □P1(Undergraduat	e)Only
Application Request Date:	Rea	quested Amount:	
Assistance needed in which category	y:		
☐ Utilities ☐ Rent/Housing ☐ Med	ical/Dental □Vehicle Expenses □Gas □Publi	ic Transportation Pass 🖵 Childcare 🖵 Food 🖵	Other
Did you submit the required docun	nentation needed for support to ensure your a	application is processed timely? ☐ Yes	
	have these funds? (Must complete)		
The information requested below	w will <i>not</i> be considered in the evaluation o	of your application.	
Gender: ☐ Male ☐ Female Marital Status: ☐ Single If applicable, Number of depende		eparated	
	askan Native □Asian □ Black/African Ame ve Hawaiian/Pacific Islander □ White/Cauca	-	
Ethnicity: 🚨 Hispanic or Latino 🖵	Not Hispanic or Latino		
English as a second language: 🖵	res ☐ No		
,	ete an associate's degree?	☐Yes ☐ No Are you a fosterchild? ☐	Yes □ No
representatives, as part of Project Succes	uest, I acknowledge and give consent for data to be sh ss. I understand that my information will not be sold f data shared include, but are not limited to: student n e, etc.	for any purpose and will not be sold for any purpose o	and will not be
PRINT FULL NAME HERE:			
SIGNATURE:			
DATE:			
FOR SCHOOL USE ONLY			
	Fully p	paid date	
Directed to services? (specify)			
Term: Year:	Total requested amount:Ca	ategory of aid: (U/R/M/V/G/P/C/F/O)	
Total award:	Total declined:	Total paid:	
Reenrollment data: (enrolled; graduated;	transferred; not enrolled)		