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)