



# Emergency Fund (gift aid) Application

Financial Aid Office  
Phone: (360) 867-6205  
Fax: (360) 867-6576  
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## 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. Emergency funds are limited to \$500 per academic year (Fall, Winter, Spring, and Summer). 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)
- Have exhausted all other forms of financial assistance, including student loans
- Have a demonstrated high level of financial need

### 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 #: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Include area code)

**Amount Requested:** \$ \_\_\_\_\_ (\$500 max)

Please explain why 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.

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