

## EMERGENCY ASSISTANCE APPLICATION

*The Emergency Assistance Fund is designed to assist current WomenGive scholarship recipients in responding to unanticipated needs or unforeseen circumstances that cannot be addressed through alternative community resources. The funds are limited, and designed to be used for one-time unexpected needs, with the goal of helping a recipient remain in school and maintain family stability..*

**Emergency Assistance Application Criteria:**

- Applicant must be a current WomenGive scholarship recipient.
- Applicant must have available funding. Maximum emergency assistance funding is \$400 per semester.
- Applicant must show that they have consulted with the WomenGive Navigator AND/OR Project Self-Sufficiency Advisor to address the need and identify community resources. If applicant does not have an advisor, applicant must consult with WomenGive Navigator, Hannah Bade, prior to submission of application.
- Application must be completed in its entirety, with supporting documentation attached. Examples of supporting documentation are a copy of the bill, or an estimate of a repair. You may be required to submit a copy of your budget.

Submit completed application via email to: [hbade@uwaylc.org](mailto:hbade@uwaylc.org).

**Questions?** Contact Hannah Bade, at [hbade@uwaylc.org](mailto:hbade@uwaylc.org) or 970-635-5904

\*All Requests will be evaluated by Hannah Bade, then reviewed and approved by the Emergency Assistance Committee. While all attempts will be made to accommodate immediate requests, this process may take up to seven days\*

**Name:** \_\_\_\_\_

**Date of application:** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Payment is sent directly to billed vendor via check unless special accommodations are made. Does this vendor accept checks?**

**Date Payment is Requested\*:** \_\_\_\_\_ **Total Amount Requested:** \_\_\_\_\_

\*While all attempts will be made to accommodate immediate requests, payment to vendor may take up to seven days\*

**Name of Advisor/WomenGive Navigator:** \_\_\_\_\_

**Advisor Email, Phone number and address:** \_\_\_\_\_

**Date of Meeting with WomenGive Navigator/Advisor:** \_\_\_\_\_

*As a current WomenGive Recipient applying for emergency funding assistance, I give permission for WomenGive to contact the above named advisor to evaluate my Emergency Assistance application.*

Signed (Recipient) \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY ASSISTANCE APPLICATION



*Describe the emergency need or situation in a few words:*

*How did this situation come about?*

*What resources have you and your advisor identified, and were you able to secure any of these?*

*What tools have you explored to increase your stability & self sufficiency moving forward? Examples may include: creating a budget, applying for ongoing assistance programs, or lifestyle changes.*

*Any additional relevant information, including how the assistance will help you complete classes:*

*Who would the payment go to, and what are the amounts? Attach documentation.*

*For Office Use Only*

Date Received: \_\_\_\_\_

Date Sent To Committee \_\_\_\_\_

Continued.