Kenneth D. and Carolyn T. Gray Student Emergency Fund

The Kenneth D. and Carolyn T. Gray Student Emergency Funds are reserved for currently enrolled students who experience a **true emergency** causing a financial hardship such as money needed for unplanned trips home due to a death or illness of a family member, replacement clothing or books due to a fire or other disaster, medical emergencies or other unforeseen but urgent situations.

I. GENERAL INFORMATION

- 1. Emergency monies are not to exceed \$300.00 unless unusual documented circumstances exist.
- 2. Students may receive only one Emergency Fund disbursement within an academic year.
- 3. Emergency Funds are not intended for tuition and fees or standard living expenses.
- 4. Emergency Fund disbursements are not made when school is not in session.
- 5. Each Emergency Fund application will be considered on its own merits.
- 6. Supporting documentation showing need may be required.
- 7. Students must be registered for a minimum of 6 credit hours.

II. PROCESSING AND DISBURSEMENT

- 1. Applications are reviewed immediately or no later than 24 hours.
- 2. Once approved, emergency items will be purchased by the Office of Student life staff with a credit card issued expressly for this purpose. Itemized receipts will be retained to document expenses. **There will be no cash disbursements.**
- 3. You must have proper identification in order to receive assistance (i.e. valid driver's license AND your WVU ID {Mountaineer Card.)

APPLICATION

STUDENT INFORMATION:

| 1 | | |
|---------------------------------------------------------------|------------------------|-------------------------------|
| First Name | Middle Initial | Last Name |
| 2.WVU ID number: | | |
| 3.Phone number: | | |
| 4.E-mail address: | | |
| 5. Campus address: | | |
| ermanent address: | | |
| 7. Cumulative GPA: | 8. Class rar | ık: |
| 9Credit Hours Currently Enro | olled | (Fr., Soph., Jr., Sr., Grad.) |
| EXPLANATION OF WHY STUD THE FUNDS WILL BE USED: | ENT IS APPLYING FOR EM | ERGENCY FUNDS AND HOW |
| | | |
| AMOUNT OF EMERGENCY FL | JNDS REQUESTED: \$ | |
| I affirm that the information I of my knowledge. | | |
| Signature | | Date |
| Approved: Denied: | Reason: | |
| Assistant Dean and Executive Director of Campus Life Approval | | Date |
| Chief Student Affairs Business Officer Approval | | Date |