

# CARE Emergency Fund Application



Please complete this form in its entirety. Eligibility and criteria information can be found on the back.  
*Proper documentation is necessary in order for fund to be approved and processed.*

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

Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Have you been awarded Financial Aid?  YES  NO

Amount you are seeking: \$ \_\_\_\_\_ (\$500 maximum request)

**Please explain your unforeseen emergency.**

Be as explicit as possible and attach supporting documentation.

Please list the expense(s) and amount(s) for which you are requesting assistance.

Expense	Amount
Total	

Please provide a brief explanation of your financial circumstances, and describe your efforts to obtain funds through other sources.

## Student Certification

By typing my name below, I certify that:

- The information is complete and accurate
- I will use Student Emergency Funds only for the purposes specified
- I will submit receipts or other documentation as requested

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Fund Information

The CARE Team is proud to offer this service to WSU students who are facing unforeseen emergency situations. In order to properly submit this paperwork and have your request reviewed, please review the following information on the next page:

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### FOR OFFICE USE ONLY

Approved:  YES  NO      AMOUNT: \$ \_\_\_\_\_

DATE: \_\_\_\_\_      SIGNATURE: \_\_\_\_\_

# CARE Emergency Fund Process

**EMERGENCY FUND CANNOT BE USED:** *toward tuition costs, to off-set rooms & board fees, nor to pay another outstanding loan/debt to Wichita State University*

## ELIGIBILITY CRITERIA

- Currently enrolled in a minimum of 6-credit hours.
- Must be in good standing with WSU (not on academic or disciplinary probation).

## APPLICATION PROCESS

- Complete the CARE Emergency Fund application and submit supporting documentation (see examples below).
- Meet with the Student Outreach & Support Coordinator to discuss your situation.
- SOS Coordinator will submit the application to the AVP of Student Belonging for review. Criteria for approval will be based on eligibility, documentation of need, and availability of funds.
- All payments will be made directly to vendors and or outside parties.

## SUGGESTED DOCUMENTATION

**Living Expenses:** billing statements, past-due notification, termination of service letters.

**Transportation Expenses:** repair estimates/bills.

**Medical Expenses:** billing statement, past-due notification, estimate for service/procedure.

**Rent:** past-due notification, eviction notice, lease agreement.

**Illness or Family Death:** medical records, death certificate, obituary, etc.

*All documentation should include the following information when applicable:* Provider/Company name, address, telephone number, date (statement, due date), student's information (i.e. name & address).

## FREQUENTLY ASKED QUESTIONS

**Q: Do I need to make an appointment?**

A: Yes, you need to meet with a SOS Case Manager to exhaust all other funding options prior to completing form.

**Q: What constitutes an emergency?**

A: Unexpected or unforeseen expenses that have an impact on your educational experience.

**Q: May I request more than \$500?**

A: No. The maximum request is \$500.

**Q: May I apply for this more than once?**

A: No. This is one time funding.



WICHITA STATE  
UNIVERSITY  
STUDENT AFFAIRS