

## OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

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## 2023-2024 INTERNATIONAL STUDENT EMERGENCY FUND REQUEST

| Student Name Phone Nu                     |                         | ne Number                   | Student ID#                 | Date                                |  |
|---|-------------------------|-----------------------------|-----------------------------|-------------------------------------|--|
| Expected Grad Year Home Country           |                         | College and Ma              | ajor                        | Semester Requesting Funds           |  |
| Are You Currently Employed?               | Yes No                  |                             | 4                           |                                     |  |
| Have you worked with a OneCent            | tral or Academic Adviso | o <u>r</u> ? Yes No         | Amount Rec                  | quested (Maximum Amount \$3000)     |  |
| Advisor Name?                             |                         |                             |                             |                                     |  |
| <ul><li>I am willing to share n</li></ul> | ov story with CMU's     | Annual Giving/Advar         | ncement Yes No              |                                     |  |
|   | · ·                     |                             |                             | . C. Chall Tl.: 'fr                 |  |
| The Student Emergency Fund                |                         |                             | =                           | =                                   |  |
| • • •                                     |                         |                             |                             | at threatens their ability to rema  |  |
|   | -                       | _                           |                             | estment in your future. This will l |  |
|   |                         |                             |                             | of this fund is to help as many     |  |
| students as possible. One day,            | , when you are able,    | perhaps you will pro        | vide support back to tl     | his fund to help another student    |  |
| need. <b>*All other avenues of s</b>      | upport must be exha     | austed <u>before</u> applyi | ng for this funding.        |                                     |  |
| Vou must provide a la                     | attor of ovalonation (  | dotailing all applicable    | o circumstances vou m       | ay check below and why you no       |  |
| •   | •                       | aetaiiiig aii appiicabi     | e circumstances you m       | lay check below and why you no      |  |
| longer have sufficient                    |                         |                             |                             |                                     |  |
| · · · · · · · · · · · · · · · · · · ·     | •                       |                             |                             | ing expenses. To obtain a Studer    |  |
| • •                                       |                         | •                           | •                           | ring expenses while in the U.S.     |  |
| You must provide sup                      | porting documentat      | tion for the emergen        | cy indicated in your let    | ter.                                |  |
| Please check applicable emergency:        |                         |                             |                             | Amount Requested:                   |  |
| ☐ Travel expenses related t               | o death or illness in   | vour immediate fam          | ilv:                        |                                     |  |
| <u> </u>                                  |                         |                             |                             |                                     |  |
| Medication or medical ex                  | rpenses not covered     | by insurance:               |                             |                                     |  |
| ☐ Housing and/or Utilities:               |                         |                             |                             |                                     |  |
| Replacement of essential                  | l personal belonging:   | s due to fire, theft, o     | natural disaster:           |                                     |  |
| By signing this document:                 |                         |                             |                             |                                     |  |
| I certify that all the informa            | tion on this form is c  | omplete and correct         | to the best of my know      | wledge.                             |  |
| I understand that I may be a              |                         | •                           | •                           | C                                   |  |
| I realize that if I do not fully          |                         |                             | •                           | t all decisions are final.          |  |
| I understand that approval                | of submitted student    | t emergency fund red        | quests may not always       | result in additional funding.       |  |
| I have attached all applicabl             | e required documen      | tation.                     |                             |                                     |  |
|   |                         |                             |                             |                                     |  |
| Student Signature                         |                         | Date                        | <del></del><br><del>2</del> |                                     |  |

Please include all requested documentation and upload it with this form to your financial aid portal @ https://financialaidportal.apps.cmich.edu/home. Please allow 1 to 2 weeks for processing.