



evergreen

Emergency Fund (gift aid) Application

Financial Aid Office
Phone: (360) 867-6205
Fax: (360) 867-6576
finaid@evergreen.edu

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. Funds generally cannot be used to pay a charge owed to Evergreen, charges owed to other higher education institutions or other government agencies, or fines or forfeitures resulting from legal violations.

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)
- 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: _____ E-Mail 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 (MA) type 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 applying for 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