UVA WISE

The University of Virginia's College at Wise **Emergency Fund** Request for Assistance

Student Name: _____ Date of Birth: _____ Year at UVA Wise:

Please include the name of the staff or faculty who recommended that you apply for emergency support or provided the form to you:
_____

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior

Phone Number: _____ Email Address: _____

Please provide a brief statement explaining why you are requesting assistance.

_____

_____

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

Expense: _____ Amount: _____
Expense: _____ Amount: _____

For assistance with household expenses/medical expenses/expenses for parts and/or labor on vehicles etc., provide contact information for vendor (**payments may be made directly to vendor on behalf of student**):

Vendor: _____ Contact Person: _____
Phone#: _____ Email: _____
Mailing Address: _____

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

_____

_____

Are you employed on campus through work study or special payroll: ___Yes ___ No

If you **do not** receive the support you are requesting, how will this impact your ability to remain at UVA Wise to pursue your undergraduate degree:

_____

_____

By signing (or typing) my name below, I certify that:

- The information on this form is complete and accurate
- I will use **Emergency Funds only** for the purposes specified
- I **will reimburse** UVA Wise **if the funds, or some portion of the funds, are no longer needed** or if funding is provided to me from another source, e.g., insurance, loans, etc.
- I will submit receipts or invoices or other documentation as requested.

Student Signature: _____ Date: _____

Students will receive an email, typically within 3 business days, with information about any next steps.

Please return completed form to the Office of Advancement (Bowers-Sturgill Hall) or email to advancement@uvawise.edu