

YORK COLLEGE
THE CITY UNIVERSITY OF NEW YORK
CARROLL AND MILTON PETRIE STUDENT EMERGENCY GRANT PROGRAM
APPLICATION

The York College Carroll and Milton Petrie Student Emergency Grant Fund Program seeks to assist eligible students coping with an unexpected hardship, so that they may continue their education at York College and become financially aware and responsible for their continued education. This program's long-range goal is to ensure access to the widest range of students its available financial resources with the goal of student retention and graduation. The York College Foundation, the recipient of this grant fund from The Carroll and Milton Petrie Foundation, co-sponsors this program with the Division of Student Development.

The information requested below will help determine your eligibility for this grant. You will be contacted within 72 hours from the submission of this application at which time you will be asked to provide any available documentation verifying the emergency nature of your situation. **Print and complete all questions on this application. Please include a copy of your York College transcript and any supporting documentations.**

Today' date: _____
Amount Requested: _____

General Information

1. **Social Security Number:** _____ **Semester** _____
2. **Name:** _____
Last *First*
3. **Mailing Address:** _____
Street *City* *State* *Zip*
4. **Email:** _____ 5. **Home #** () _____ **Cell #** () _____
6. **Birth date:** _____ 7. **Gender:** ___ Male ___ Female
8. **Ethnicity:** American Indian Alaskan Native Hispanic Black (non-Hispanic) Native Hawaiian
 Asian White Native American Pacific Islander Other _____

Academic

- Are you:** ___ New incoming student ___ Transfer Student ___ Current York College student
- Class status:** ___ Freshman (0-29) ___ Sophomore (30-59) ___ Junior (60-89) ___ Senior (90+) ___ Graduate
- Are you on academic probation?** Yes No **Current GPA:** _____ (Must have a minimum of 2.0 GPA)
- What degree are you pursuing?** _____ **Major:** _____
- Are you a:** Full-time Part-time student

Statement of Need:

- 1. Please explain briefly the nature of the emergency, and how the grant you are requesting will be used to alleviate the situation?** *(If you need more space, include attachment)*

- 2. Do you have documentation of the above emergency ____ Yes ____ No**
If so, can you obtain such documentation of need (e.g., police report, court dispossession notice) **and attach a copy.**

- 3. Do you have insurance** (e.g., medical, auto) **that would cover all or part of these expenses?**
____ Yes ____ No

- 4. What efforts have you made to procure financing from other sources?**

I, the undersigned, certify that the information provided on this application is completely true.

Applicant Name (please print)

Date

Applicant Signature

Date