

One York Emergency Relief Fund

Instructions:

1. Complete application.
2. Submit via email to advancement@york.cuny.edu
3. You will be contacted by a committee member upon approval of your application

APPLICANT INFORMATION

Name: First, Last		Maiden Name (if applicable)	
Street Address		City, State, Zip	
Email	Student ID	Year	
Preferred Contact Method	Home Phone	Cell Phone	

APPLICANT REQUEST

I am a York College Student who has experienced the following COVID-19 related catastrophic event therefore, I would like to request \$ _____ (maximum \$500)

Catastrophic Event	Documentation Required
<input type="checkbox"/> Death in the family	Certified Death Certificate, Obituary
<input type="checkbox"/> Uninsured medical expenses caused by severe illness or accident	Medical Bill(s), Certification of Medical Condition
<input type="checkbox"/> Uninsured losses caused by fire, crime, flood income or other disasters	Insurance claims, Police Report
<input type="checkbox"/> Unusual uninsured expenses for the care of a sick family member	Expense Receipts
<input type="checkbox"/> Job loss of family household member	Proof of Unemployment, Foreclosure or Eviction Notices
<input type="checkbox"/> Other	Any supporting documentation that substantiates your request

Supporting Documentation is required for approval and awards are subject to availability of funds on a first-come, first-serve basis.

Please explain your catastrophic situation. Feel free to use a separate page if necessary.

You are encouraged to justify the amount you request as it relates to the circumstances.

I have read and understand the provisions of the **One York Emergency Relief Fund** Applicant Agreement. I understand that completion of this form is not a guarantee of approval.

*I hereby authorize the appropriate individuals to review my student records and disseminate information relating to my time at York College to a committee of faculty, students, and administrators. I understand the information will be handled privately, anonymously, and will not be shared. I accept the final decision of the committee.

*You may only apply once per academic school year.

*Applications solely to support purchasing books will be denied.

*Signing your name below electronically signifies your agreement to the terms of this application.

*Submit applications by emailing advancement@york.cuny.edu with all supporting documentation.

Applicant Signature: _____

Date: _____