YORK COLLEGE

THE CITY UNIVERSITY OF NEW YORK

CARROLL AND MILTON PETRIE STUDENT EMERGENCY GRANT PROGRAM (AS OF 11/15/16) APPLICATION

The York College's Carroll and Milton Petrie Student Emergency Fund 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 that students who encounter temporary financial hardship, be granted financial assistance, and as a result assist York College students' retention and graduation rates. The York College Foundation is the distributor of this grant from The Carroll and Milton Petrie Foundation and the co-sponsor of this fund is in collaboration with the Division of Student Development.

The information requested below will help determine your eligibility for this grant. You will be contacted within 3 business days from us receiving your application. You may be asked to provide any additional documentation needed to verify the emergency situation that you may be facing. Please **Print and complete all questions on this application. Please include a copy of your York College transcript and any supporting documents.**

General Information			
1. EMPL ID:		Semester	
2. Name:	First		
Last	FIFSI		
3. Mailing Address:	City	State	Zip
4. Email:	5. Home # ()	Cell # ()
6. Birth date: 7. Gender	r: Male Female		
8. Ethnicity: ☐ American Indian ☐ Alaska ☐ Asian White	an Native □ Hispanic □ Blac □ Native American Pacific Island	•	
Academic			
Are you: New incoming student	Transfer Student C	urrent York College	e student
Class status: Freshman (0-29) Sophon	nore (30-59) Junior (60-89)	Senior (90+)	_ Graduate
Are you on academic probation? ☐ Yes	□ No Current GPA:	(Must have a mini	mum of 2.0 GPA)
What degree are you pursuing?	Major:		

Are you a: \Box Full-time \Box Part-time student
Please indicate the nature of the emergency (select all that apply)
Imminent documented eviction
Homelessness due to loss of housing
Fire in living quarters
Assistance in paying for food, transportation and basic necessities due to recent unemployment
Overdue utility bills and shut-off notices
Medical and dental bills for uninsured necessary procedures
Documented theft of computer, books, clothing or other essential belongings
Travel home for illness or death in immediate family

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, add attachment)

2. Do you have documentation o	~		
If so, can you obtain such docu attach a copy.	umentation of need (e.g., po	lice report, co	ourt dispossession notice) and
3. Do you have insurance (e.g., meNo	dical, auto) that would cove	r all or pa	art of these expenses?
4. What efforts have you made to	o procure financing from	other sou	rces?
I, the undersigned, certify that the inf	formation provided on thi	is applica	tion is completely true.
Applicant Name (please print)	Date		
Applicant Signature	Date		
Please be sure			