



Urgent Student Relief Fund Application

STUDENT NAME: _____
Last First M.I.

PHONE #: _____

E-MAIL ADDRESS: _____@hawaii.edu

BRIEFLY DESCRIBE YOUR URGENT SITUATION AND HOW IT IS UNEXPECTED:

IF APPROVED, HOW WILL RECEIPT OF EMERGENCY AID IMPACT YOUR ABILITY TO STAY IN SCHOOL?



HOW MUCH URGENT AID ARE YOU REQUESTING AND HOW WILL THE AID BE USED?
(funds approved are generally between \$100-\$500 depending on individual circumstances and the balance of the fund)

EXPENSE:

AMOUNT:

| | |
|--------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL: | \$ _____ |

Please attach supporting documentation (and copies of receipts, if applicable) for related expenses.

I CERTIFY that the statements above are true and correct.

By typing your name on the signature line below, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this proposal.

STUDENT'S SIGNATURE _____ DATE _____

Please submit your completed application and supporting documentation to your appropriate campus contact listed at www.hawaii.edu/urgentstudentrelieffund using the secured UH file Drop.