

 **Student Emergency Fund**

 **APPLICATION FORM**

The Charles R. Drew University of Medicine and Science (CDU) Student Emergency Fund is an initiative of the CDU Academic Senate (AS) and Faculty Executive Board (FEB) to assist CDU students with a one-time emergency grant. The goal is to provide for an acute financial need that might otherwise result in their having to drop out or suspend their educational journey. We envision funds being used to alleviate a crisis in housing, food insecurity, or other, unexpected, and immediate needs. We also expect that you will have explored other sources of funding.

**Please note:** The emergency fund is not intended for long-term financial needs such as tuition, expected ongoing living expenses, and occasional shortfalls. We encourage all students to reach out to CDU’s Financial Aid office and Student Services for scholarships, grants, and loans to finance their educational journey.

Due to limited resources, we are requesting students to pay back some or all the money when their situation improves. This will allow the fund to remain available for other students in the future. You may pay back the fund by clicking on the following link: <https://secure.givelively.org/donate/charles-r-drew-university-of-medicine-and-science/student-emergency-fund>.

A student may request up to $1,000 from this Emergency Fund. These funds are available to **ALL** current CDU students. The completed application form should be submitted to academicsenate@cdrewu.edu.

Please visit the following website for further information on the CDU Student Emergency Fund and applying for the emergency fund: <https://www.cdrewu.edu/academics/facultystaff/StudentEmergency>

Date:

Name of Student Requesting Funds:

Program: College/School: COM COSH SON (select one)

E-mail:

 Telephone #:

Please note that this fund is for an **unexpected acute emergency** need that would affect your ability to continue as a student at CDU. It is not intended for tuition and normal daily expenses.

Have you first applied for and received funds from other CDU Sources for this emergency need? Yes \_\_\_\_ No \_\_\_\_

CDU Scholarships/Grants Yes \_\_\_\_ No \_\_\_\_ If yes, please indicate the amount \_\_\_\_\_\_\_\_\_.

Amount Requested:

Please describe in detail your areas of need for the funds and other sources of funding that you have explored. If possible, please attach any additional supporting documents.

**Amount Approved:**

While this is not a requirement, I agree to pay back some or all the money when my situation improves to help other students.

 Student Requestor’s Signature Date Academic Senate President Approval Date