



Emergency Funding/ Grant Application - Page 1

EMPL ID#: _____ Last Semester Enrolled: _____

Student's Name: _____
Last First Middle Initial

Current Address: _____
Street Address Apartment #

_____ City State Zip Code

Phone #: _____

John Jay College Email Address: _____@jjay.cuny.edu

Class status: __Freshman (0-29) __Sophomore (30-59) __Junior (60-89) __Senior (90+) __Graduate

Are you on academic probation? __Yes __No Current GPA: _____ (Minimum of 2.0 GPA)

Are you: __ Full-time __ Part-time _____ Transfer _____ Returning Student

What are you applying for? _____

1. Are you currently associated with a support service program at John Jay? (i.e. SEEK, ACE, UMI, CUNY Edge, CUSP, IMSSC) Specify: _____
2. Please describe in detail your emergency crisis situation and how the grant you are requesting will be used to alleviate the situation? *(If you need more space, please use other side or attach statement).* (Required)

3. Please describe in detail how long you have been dealing with this issue and the ways the emergency has impacted your personal and academic life. How would this grant assist you in remaining in school? (Required)

Emergency Funding/ Grant Application - Page 2

4. Please provide your action plan for trying to resolve or improve your situation. What efforts have you made to procure financing from other sources? (Required)

(Please note that having utilized ALL financial resources including grants and loans is an eligibility requirement for this program. Eligibility will be verified with JJC Financial Aid Office. If Financial Aid verification is pending the Committee will not review your application until verification is completed. (Required)

5. Are you currently employed? YES _____NO ____ (Required)
6. Have you completed a FASFA form for the current academic year? YES ___NO ___
7. Have you accepted all of your available Financial Aid including Grants and Loans? YES ___NO ____
8. What is the amount of Emergency Grant funds you are requesting? _____
9. How do you plan to address your need in the future?

10. How did you learn about the Student Emergency Intervention and Wellness Program? If you were referred, please state the name of the person.

11. If this is **not the first time** you have requested emergency funding from John Jay College, please indicate when and what other funds you requested and received?
Specify: _____

Emergency Funding/ Grant Application - Page 3

12. Have you received any other form of assistance from the Wellness Center? (Check all that apply)

- Counseling Services
- Health Services
- Accessibility Services
- Food Pantry Services
- Food Voucher Services
- Transportation Services
- Financial/ Legal Aid Services
- Emergency Funding/Grant Service

Please attach the following documents to your application: (Applications will not be processed without these supporting documents)

- Rental Arrears:** W-9 Form, Rental Agreement/Lease, Invoice indicating how much is owed, eviction notice, court documents, etc.
- Utility Arrears:** Recent utility bill or shut off notice
- Laptop Voucher:** Proof of damage, NYPD/FDNY police report; Invoice; and a receipt of original laptop purchase
- Tuition Assistance:** Proof of outstanding bill via CUNYFirst or Bursar bill receipt. *(Amount owed cannot be more than funding or grant cap \$2,000.00)*
- Medical Expenses:** Medical bill or Invoice of balance due (W-9 Form)
- Child Care:** Invoice, W-9 Form, and Care Provider verification, registration of child at child care facility (Childcare outside of John Jay)
- Travel Expenses:** Proof of death certificate of family member/relative, Details of travel (time/date/location, documentation in the form of a death notice, funeral home information and travel reservation will be required).

I, the undersigned, certify that the information provided on this application is accurate, and understand that providing false information may result in my application automatically being disqualified.

Applicant Signature

Date

Applicant Name (Please print)

Completed applications must be submitted to the Wellness Center (L68.00)



Emergency Funding/ Grant Application - Page 4

For Additional Information

Office Use Only:

Application Received By: _____ **Date:** _____

Application Processed By: _____ **Date:** _____

- Applying for:**
- SEA (Non- Tuition)**
 - SET (Student Emergency Tuition Grant)**
 - SEW (Student Emergency Wellness Grant)**
 - MASE (Melquain Anderson Student Emergency Assistance Fund)**

Additional Comments:
