

LINDENWOOD

UNIVERSITY

CENTER FOR DIVERSITY AND INCLUSION

Important Information:

The Student Emergency and Equity Fund Request is an emergency fund to assist students who are enrolled full-time at Lindenwood University who encounter an emergency or a one-time, unusual, unforeseen, unexpected, or unavoidable expense and need funding beyond their financial aid and/or scholarship award, will be eligible for this fund. These funds are not for credit balances owed/due to Lindenwood University.

Contact Information:

Please provide the information below. Many fields are required, others are optional. We encourage you to please provide all information available. A single answer will not be used to decline your request.

Section I – Student Personal Information

Full Name: _____ Preferred Name: _____
Name: _____
Date of Birth: _____ Student ID: _____
LU Email: _____ Academic Year: _____
_____ Preferred Email: _____ Preferred Phone
Number: _____ Current College level: Sophomore __ Junior __ Senior __ Graduate __
Current GPA _____ Expected Graduation date: _____ Attendance: Full-time __ Part-time __

Income Information

Are you currently employed? Yes No Name of employer: _____ Number of
hours you typically work: _____

Support Information

Do you receive on/off Campus Support? Yes No

Support Office - Select all types of support you are working with during the academic year/OR during your Summer Transition to
College:

Certified regulatory Compliance Manager (CRCM) Student Engagement
 Student Financial Service (SFS) Mentor
 Academic Advising Other: _____
 Center for Diversity & Inclusion (CDI)
 Student Academic Support Services
 Staff or Faculty Member

Support Person - If known, please indicate the names(s) and roles of the individuals you have worked with to gain support. Ex:

CDI; WSU Academic Success & Career Center

Name: _____ Role: _____ Office/

Location: _____

Email: _____ Phone: _____

Section II – Requesting Funds

Important Information:

Request for Emergency Funds

Categories - Circle all categories for financial need that apply to this emergency fund request.

Application Fees Necessary; Books/Class Materials; Transportation; Equipment For Class; Tools Needed For Class; Computer (purchase); Food/Groceries Medical Expenses Housing Utilities Emergency Flight Graduation Date Extended Other

Itemize - If you indicated more than one category above and/or specified 'other' please itemize and explain each amount to the best of your ability.

Total Amount Requested: _____

Please note the amount granted is up to the discretion of the **SEE FUND COMMITTEE**. The requested amount will be fully funded, partially funded, or not approved.

***PLEASE NOTE THAT THERE IS A LIMIT TO THE AMOUNT GRANTED AND APPROVED PER ACADEMIC YEAR.**

SEE FUND COMMITTEE will work with you to make sure all other available resources have been exhausted.

Supporting Questions:

Deadline - When do you need the funds?

(Example: If you are a class of 2024 graduating HS Senior EFR's will be funded on or after January 1st, 2025. If you specify a deadline prior to January 1st, someone will contact you via email to discuss available alternative options.)

Circumstances - Please provide ALL relevant information or documentation pertaining to your emergency fund request that will aid SFC in understanding your current situation. (Statement of why you need these funds, i.e. medical, emergency flight home, etc. _____

Impact to Continued/or Initial Enrollment - Describe how your situation directly impacts your ability to stay enrolled in college. _____

Alternate Resources - Describe any supports and resources you have explored or utilized so far in addressing your emergency status. _____

Financial Aid Office - Have you already spoken to and/or visited the financial aid office regarding your circumstance? Please check boxes for all options in SFS) _____ Yes or _____ No

Future Plan (while we know emergencies are unexpected) - What plans have you put in place for future unexpected emergencies such as this?

Additional Information - Is there anything else you would like the committee to consider?

Supporting Documents i.e., obituary, bill, delinquent letter, etc.

Student Signature: _____

Date: _____

Section III – To Be Completed By SEE Committee

Important Information:

All of the information provided will be reviewed and taken into consideration. The decision will be made by the committee and is final.

You will receive the committee decision via email with the amount awarded. Arrangements to get the amount awarded to you will be made at time of notification.

Student Name: _____ Student ID: _____

_____ Was need clearly defined: ___ Yes or ___ No

If no explain:

Was accurate and concise documentation provided: ___ Yes or ___ No

If no explain:

Will insert review / approval info here.