

Palmer Student Emergency Relief Fund Application

INSTRUCTIONS: Complete items 1-3, gather required supporting documents, and submit form and required documents to the Office of Financial Planning on campus. The Office of Financial Planning will make every effort to provide the student with a decision within one week of receipt.

1. Student Information

Application Date		Matric Number	
First Name		Last Name	
Palmer Email		Phone Number	
Street Address		City, State, ZIP	
Are you a Veteran?	Yes No (circle one)		

2. Qualifying Event (check box)

✓	Check appropriate box to the left	Attach required documents
	Medical Issue: Student, spouse/partner, child, or parent experiencing serious medical condition or emergency	<ul style="list-style-type: none"> • Certification of medical condition • Dated receipt or statement outlining healthcare costs incurred • Explanation of benefits showing insurance will not pay claim in full
	Emergency Car Repair: Documented expenses related to the repair of the student's primary vehicle need to travel to and from campus.	<ul style="list-style-type: none"> • Proof of insurance (student must be listed as the insured) • Detailed repair statement listing student name, vehicle worked on, and repairs performed • Proof of payment (student must be payee)
	Emergency Travel: Documented expenses related to emergency travel expenses due to the death of an immediate family member including spouse, child, parent, or sibling or for the emergency care of an immediate family member.	<ul style="list-style-type: none"> • Detailed travel receipt(s) (student must be traveler) • Proof of payment (student must be payee) • Certification of death or medical condition requiring care from student
	Major Disaster/Emergency: Documented expenses and/or financial hardship because of a federally declared or state declared major disaster/emergency.	<ul style="list-style-type: none"> • Dated repair statement or receipt for replacement items.

3. Financial Hardship

Amount of Request: Expenses or hardship must be documented. <i>(May not exceed \$1,000 for medical issue, \$500 for car repair, \$500 for emergency travel and \$1,000 for major disaster/ emergency).</i>	\$
Overall monthly household income from all sources:	\$
Please initial to the right to certify that this request represents a financial hardship for your household:	
Provide brief description of financial hardship and any expenses/wages for which you are requesting reimbursement. Statement may be provided on separate sheet.	

4. Documentation

Please include documentation of expenses for which you are requesting reimbursement. For medical claims, the bill must either show that insurance has paid, or you must include an explanation of benefits showing that insurance will not pay the claim in full. For lost wages, include full and reduced pay stubs to document reduction in pay. The College reserves the right, for any reason and at any time to request additional documentation supporting the applicant's claims about monthly income, monthly expenses, financial hardship, expenses, and/or the qualifying event. Such documentation may include current pay stubs; the previous year's completed federal tax return and W-2s for all employment income; documentation of additional income sources; insurance statements; childcare provider bill; Financial Aid and/or student billing statement; and or medical bills or other documents illustrating financial hardship incurred within last 90 days. All documents shall be submitted via hard copy and returned to the applicant after a decision letter has been issued.

SIGNATURE OF APPLICANT

- a) I am certifying that this request represents a financial hardship for my household.
- b) I certify that the information herein is complete and accurate.
- c) I am aware that knowingly making false statements will result in a denial of my application or required return of any disbursed funds and may also result in discipline under the Palmer Student Code of Conduct.
- d) I understand that my student record, this application, and all supporting documentation will be reviewed by school officials with a legitimate educational interest.
- e) I will apply all monies received from the Palmer Student Emergency Relief Fund consistent with the terms of the award as outlined in the award letter.
- f) I understand that monies received may be considered as income and may be taxable, and that I should consult a tax professional or accountant for tax liability information.

SIGNATURE AND DATE

TO BE COMPLETED BY PALMER COLLEGE OFFICE STAFF

Student Name		Matric Number	
Degree Program		Date of Application	

ELIGIBILITY CONFIRMATION

YES, if currently admitted to and enrolled at Palmer in at least three credit hours at time of application for funds.	
YES, if enrolled in at least three credit hours in the term in which the qualifying event took place.	
YES, if in good Academic Standing. Cum GPA_____	
YES, if qualified event is confirmed and took place within last 90 days.	
YES, if has not received an award from the Palmer Student Emergency Relief Fund that is associated with the above-described qualifying event.	

DECISION

Amount Awarded:	Reviewed by:	Date Student Notified:
Financial Aid Administrator Signature and Date:		
Notes (if request denied cite reason here):		