

SUNY Impact Foundation Student Emergency Fund Application

The SUNY Impact Foundation Student Emergency Fund provides grants for SUNY Maritime College students to pay for urgent expenses triggered by unforeseen events that threaten their ability to stay in college. *Please note that not all students who apply will receive a grant and only completed applications will be considered. Please be sure to review the eligibility requirements before applying.*

| STUDENT NAME | |
|---|---|
| PHONE NUMBER | |
| | |
| ACADEMIC LEVEL Undergradu | ate (UG) 🗌 Graduate (GR) |
| CLASS LEVEL Freshman | Sophomore Junior Senior |
| When do you expected to graduate? September 20 January 2021 May 2022 |)20 |
| Your Cumulative GPA | |
| Your current employment status | Employed Unemployed |
| If you know, are you currently receiving | or eligible to receive a Pell Grant? |
| Yes, receiving a Pell Grant No, n | ot receiving a Pell Grant |
| Are you currently receiving any other ty | pe of aid or scholarship? |
| How did you learn about the Student Er | nergency Fund? |
| Provide a detailed statement of need a | id supporting documents. |
| | |
| | |
| I agree to provide additional document will not be considered until all docume | ation at the request of a Financial Aid official, and I realize that my petitio Itation is provided. |
| STUDENT SIGNATURE | DATE |