

# College of Charleston Student Emergency Fund

(Return form to the Office of the Executive Vice President for Student Affairs.)  
3rd Floor Stern Student Center or call 843-953-5522 for more information

Name: \_\_\_\_\_ SID \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of request: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Place a check next to any items with which you need assistance and provide an estimate and any other pertinent information:**

- Personal effects (e.g., clothing, shoes, toiletries) \$ \_\_\_\_\_
- General household (e.g., bedding, furniture, dishes, utensils) \$ \_\_\_\_\_
- Textbooks and school supplies (e.g., books, class packets, paper) \$ \_\_\_\_\_
- Food/Meals \$ \_\_\_\_\_
- Bills (e.g., electric, phone, medical) \$ \_\_\_\_\_
- Other immediate needs (e.g., medication, medical devices) \$ \_\_\_\_\_  
please specify briefly:

## **Please answer the following items to help us understand your situation:**

1. Do you have housing? Please circle      No                      Yes  
   On Campus              Off Campus

2. Are you currently employed? Yes (How many hours) \_\_\_\_\_ No \_\_\_\_\_

3. What other agencies or organizations have you applied to for assistance?

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**Please describe your situation in your own words. Tell us anything else that you feel is relevant (use back of form if necessary):**

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*If approved, the information regarding amount approved will be reported to the Office of Financial Aid and counts as estimated financial assistance.*

*These funds are not required to be paid back. However, if your situation improves in the future and you are able to return the amount given to you, we will use these limited funds to ensure that we help another student in need. Thanks!*