



STUDENT EMERGENCY ASSISTANCE FORM

The College of Charleston Foundation Student Emergency Assistance Fund is designed to provide temporary financial support to students facing unforeseen circumstances that threaten their ability to continue their education. Please fill out all sections of the form completely and accurately.

PART I: Recipient's Information

The information provided in this section is for the use by the Foundation only.

Name:	
<input type="checkbox"/> US Citizen	<input type="checkbox"/> Non-US Citizen
If a Non-US Citizen, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SSN (required):	If not a Permanent Resident, please see section "2.3 Non-resident Aliens" of the Foundation Expense Reimbursement Policy for additional requirements.
Permanent Address:	Alternate Mailing Address (if available):
Email:	Phone Number:
Signature:	Date:

PART II: Additional Information

1. **What is the nature of the emergency?** (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Medical emergency | <input type="checkbox"/> Transportation emergency |
| <input type="checkbox"/> Housing insecurity | <input type="checkbox"/> Family emergency |
| <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Loss of income/employment | |

2. **Amount:**

3. **Foundation Account:**

4. **Recipient's Major:**

5. **Recipient's Class Year:**

6. **Please attach a Foundation Check Request and submit to FoundationFinance@cofc.edu.**