



**GEORGE FOX  
UNIVERSITY**

**STUDENT EMERGENCY FUND  
REQUEST FORM**

Date: \_\_\_\_\_

Name of person submitting the request: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student needing funds: \_\_\_\_\_

Campus Box: \_\_\_\_\_

\_\_\_\_\_

Name of student needing funds: \_\_\_\_\_

Phone: \_\_\_\_\_

Campus box: \_\_\_\_\_

Local or mailing address: \_\_\_\_\_

Total amount of funds requested: \$ \_\_\_\_\_ Date needed: \_\_\_\_\_

Individual or business check should be made payable to: \_\_\_\_\_

Please explain in detail the reason(s) funds are needed: \_\_\_\_\_

*Please attach any documents that support your request.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For office use only:*

Request Approved:  Amount: \$ \_\_\_\_\_

Request Denied:  Reason for denial: \_\_\_\_\_