

Date of request: _____

Name of person submitting request: _____

Phone: _____ Email: _____

Relationship to student needing funds: Self Supervisor Coach Professor/Instructor Other _____

Name of student needing funds: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Total amount of funds requested: _____ Date needed: _____

Individual or business check should be made payable to: _____

Please explain in detail the purpose for which funds are needed: _____

Please confirm the following statements by marking the checkboxes:

- I have read the Student Emergency Fund Guidelines and believe this request in in line with guideline requirements.
- I have attached receipts or documentation supporting the need for this request.
- I understand that Financial Aid and Student Financial Services may be contacted to confirm that the recipient of these funds has actual financial need.

Signature of requestor: _____ Date: _____

*For office use only:*Request approved: Amount: _____Request denied: Reason for denial: _____

Signature of Vice President of Student Life: _____

Send completed form to: Jere Witherspoon – George Fox University - Student Life Office
Fax number: 503-554-2339 | Email: studentlife@georgefox.edu