

IMMEDIATE NEEDS EMERGENCY GRANT



STUDENT REQUEST FORM

PROGRAM DETAILS

The Immediate Needs Emergency Grant from Missouri Scholarship & Loan Foundation (MSLF) is designed to assist Missouri students who have an urgent financial need that may prevent the student from continuing a degree or program. Emergency grant amounts are up to \$1,500 and determined by the financial aid office.

STUDENT ELIGIBILITY

- Missouri Resident.
- Undergraduate attending an eligible Missouri public or private higher education institution making Satisfactory Academic Progress (SAP) as defined by the school.

REQUEST PROCESS

1. The student must complete the Immediate Needs Emergency Grant Request Form provided by the financial aid office.
2. The student must submit a statement of 50 words or more describing the emergency situation and why funds are urgently needed.
3. Financial Aid Office will complete appropriate documentation with certification by the Financial Aid Director.
4. Once received, MSLF will consider the request. If the request is approved and funds are available, MSLF will process the request and generate funds to the Financial Aid Office. The Financial Aid Office will process these funds for the students using their institution's normal processes and procedures. Under certain emergency situations, MSLF may send funds directly to the student.

OTHER INFORMATION

The Immediate Needs Emergency Grant is administered by MSLF in partnership with Financial Aid Office, students are identified by institution, and the Director of Financial Aid (or designee) must sign the request form. While this grant is not 'need-based' as defined by federal financial aid regulations, the Financial Aid Office will be required to recommend a grant award based on the student's financial circumstances and other relevant factors. Grants are available at the discretion of the institution's Financial Aid Office, in accordance with program rules and applicable law. Award decisions are determined by MSLF, and available funds are limited. Requests will be considered as funding designated for this program remains available.

Student Name

Date of Birth (mm/dd/year)

Student Address

City

State

Zip

Race/Ethnicity

Gender

Student ID#

Permanent Home Zip Code

Name of Institution

Student Primary Email Address

Student Phone Number

Degree Program

Anticipated Degree Completion Date

_____ **Initial** that you have attached a statement describing your urgent financial need (50 words or more).

_____ **Initial** that you understand that the award may be considered taxable income and that you should consult your tax advisor about your specific situation.

_____ **Initial** that you understand we may use your description of financial need and your first name on our website, in printed materials or any other way deemed appropriate by MSLF or MOHELA.

_____ **Initial** that you grant permission for your school to provide your Student Aid Index and enrollment status for the purpose of determining eligibility and the success of the grant in helping students.

Student Signature: _____

Please attach a statement of 50+ words describing your emergency situation and why funds are urgently needed.

STUDENT SHOULD COMPLETE THIS PAGE

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SCHOOL REQUEST FORM

To Be Completed By The School Only:

Please check the student meets the following eligibility requirements:

- | | |
|---|--|
| <input type="checkbox"/> Student situation meets criteria of an emergency | <input type="checkbox"/> Missouri resident |
| <input type="checkbox"/> Making Satisfactory Academic Progress (SAP) | <input type="checkbox"/> Undergraduate student |

Check One: Delivery Method

- ACH to School (preferred)
- ACH to Student
Only in extreme circumstances. Please request Supplemental Student ACH Form.

Grant Amount Requested

\$ _____
Maximum \$1,500.

Student Name

Student SAI

Please select **ONE** category that most closely describes the reason for the student's emergency request:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Family Death/Disability | <input type="checkbox"/> Job Loss-Parents | <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Job Loss-Self or Spouse | <input type="checkbox"/> Reduced Work | |
| <input type="checkbox"/> Housing Insecurity | <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Transportation Issues | |

Please also attach a statement of support of the student's emergency request (can be written by any school employee). Submit both the student and school statements with the Request Form. Institutions may fax the Request Form to 636.787.2771; email to info@moslf.org; or mail to 633 Spirit Drive, Chesterfield, MO 63005, Attn: Missouri Scholarship & Loan Foundation.

_____ **Initial** that you have attached a statement of support from the school.

I believe that the student listed above has an urgent financial need for the recommended grant funds in order to persist in pursuing a program of study at this institution.

Signature of Financial Aid Director

Email

Printed Name

Date submitted

SCHOOL SHOULD COMPLETE THIS PAGE



Missouri Scholarship & Loan Foundation | 633 Spirit Drive | Chesterfield, MO 63005-1243
Phone: 636.733.3712 | Fax: 636.787.2771
info@moslf.org | www.moslf.org

The program described herein may be modified, revoked or eliminated by the Missouri Scholarship & Loan Foundation without notice to the institution's students, or to any other party at any time and from time to time at the sole discretion of the Missouri Scholarship & Loan Foundation. Furthermore, the summary of the program contained herein is not intended as a comprehensive description of the program. The MSLF program is subject to certain additional terms and conditions. For additional information about the program, contact MSLF at 633 Spirit Drive, Chesterfield, MO 63005.