



STUDENT HARDSHIP FUND APPLICATION

Applicant Information:

Name: _____ M#: _____

Home Address: _____

Home Phone: _____

Local Address: _____

Local Telephone: _____ Email: _____

Academic Information:

Current Program/Year at SUNY Morrisville:

Current GPA: _____

Amount Requested: \$ _____

(Please note that limited funding is available in order for the Hardship Fund to help as many students as possible on campus.)

Please include a short essay describing your hardship at SUNY Morrisville and how the funds from this program will help your situation.

_____ I agree to permit all my application materials to be viewed by each member of the scholarship selection committee.

Student Name (Print): _____

Student Signature: _____ Date: _____

Please list a verifying faculty/staff member to be contacted if more information is needed.

Verifying Faculty/Staff Member: _____

Verifying Faculty/Staff Contact Info: _____

Please complete and return to Institutional Advancement Office by email: collegefoundation@morrisville.edu