



## Student Hardship Fund *Application*

Applicant Information:

Name: \_\_\_\_\_ M#: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

Local Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Information:

Current Program/Year at Morrisville State College: \_\_\_\_\_

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 Morrisville State College and how the funds from this program will help your situation. Hardship must be verified by a professor, advisor, or staff member.***

\_\_\_\_\_ ***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: \_\_\_\_\_

Verifying Person (Print): \_\_\_\_\_

Please state how you became aware of student's need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verifying Person Contact Info: \_\_\_\_\_

Verifying Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete and return to:* Institutional Advancement Office, Morrisville State College, Whipple Administration Bldg. 111, Morrisville, NY 13408 (315) 684-6020