



## Student Hardship Fund Application

### Instructions:

1. Complete Application
2. Submit via email or hard copy to: Angelea Laccesaglia, Business Administrator for the Office of Administration and Finance, [Angelea.Laccesaglia@stonybrook.edu](mailto:Angelea.Laccesaglia@stonybrook.edu).
3. You will be contacted with the date of the meeting where you will have the opportunity to meet face-to-face with the Hardship Fund Committee, unless you would like to submit your application anonymously.
4. Attach a completed W-9 form with your submission.

<b>Applicant Information</b>	<input type="checkbox"/> <b>Would you like to submit anonymously?</b>	
Name: Last, First	Maiden Name (if applicable)	
Street Address	Student ID	Year
Preferred Contact Method	Home Phone	Work Phone
City, State, Zip	Email	Division (College, business, etc.)

### Applicant Request

I would like to request; \$\_\_\_\_\_ in assistance due to a catastrophic event.

I am a Stony Brook University School of Nursing Student who has experienced the following catastrophic event:

Catastrophic Event	Documentation Required
<input type="checkbox"/> Death in the family	Certified Death Certificate, Obituary
<input type="checkbox"/> Uninsured medical expenses caused by severe illness or accident	Medical Bill(s), Certification of Medical Condition
<input type="checkbox"/> Uninsured losses caused by fire, crime, flood income or other disasters	Insurance claims, Police Report
<input type="checkbox"/> Unusual uninsured expenses for the care of a sick family member	Expense Receipts
<input type="checkbox"/> Job loss of family household member	Proof of Unemployment, Foreclosure or Eviction Notices
<input type="checkbox"/> Other	Any supporting documentation that substantiates your request

***Supporting Documentation is required for approval and awards are subject to availability of funds.***

**Please explain your catastrophic situation. Feel free to use a separate page if necessary.**

You are encouraged to justify the amount you request as it relates to the circumstances.

**I have read and understand the provisions of the Stony Brook University School of Nursing Hardship Fund Policy. I understand that the completion of this form is not a guarantee of approval.**

*\*I hereby authorize the appropriate individuals to review my student records and disseminate information relating to my time at Stony Brook University School of Nursing to a committee of faculty, students and administrators. I understand the information will be handled privately, anonymously, and will not be shared. I accept the final decision of the committee.*

*\*You may only apply once per catastrophe per academic school year.*

*\*Applications solely to support purchasing books will be denied.*

*\*Signing your name below electronically signifies your agreement to the terms of this application.*

*\*Submit applications by emailing (name) (email) with all the supporting documentation or drop a hard copy off at the Office of Administration and Finance in the School of Nursing.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_