



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.
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.

Applicant Information	<input type="checkbox"/> Would you like to submit anonymously?	
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:** _____