



The University of Virginia's College at Wise

Emergency Fund
Request for Assistance

Student Name: _____

Date of Birth: _____

Year at UVA Wise:

- Freshman
Sophomore
Junior
Senior

Phone Number: _____ Email Address: _____

Please provide a brief statement explaining why you are requesting assistance.

Please list the expense(s) and amount(s) for which you are requesting assistance:

Expense: _____ Amount: _____

Expense: _____ Amount: _____

For assistance with household expenses/medical expenses/expenses for parts and/or labor on vehicles etc., provide contact information for vendor (payments may be made directly to vendor on behalf of student):

Vendor: _____ Contact Person: _____

Phone#: _____ Email: _____

Mailing Address: _____

Please provide a brief explanation of your financial circumstances, and describe your efforts to obtain funds through other sources.

Are you employed on campus through work study or special payroll: ___ Yes ___ No

If you do not receive the support you are requesting, how will this impact your ability to remain at UVA Wise to pursue your undergraduate degree:

By signing (or typing) my name below, I certify that:

- The information on this form is complete and accurate
I will use Emergency Funds only for the purposes specified
I will reimburse UVA Wise if the funds, or some portion of the funds, are no longer needed or if funding is provided to me from another source, e.g., insurance, loans, etc.
I will submit receipts or invoices or other documentation as requested.

Student Signature: _____ Date: _____

Students will receive an email, typically within 3 business days, with information about any next steps.

Please return completed form to Valerie Lawson (valerie.lawson@uvawise.edu), the Office of Advancement (Bowers-Sturgill Hall) or to Becky Huffman (reg5a@uvawise.edu), the Office of Financial Aid (Crockett Hall) at UVA Wise.