

## APPLICATION

### QCNR MEDICAL EMERGENCY SCHOLARSHIP

The applicant can choose not to mention the medical condition and blacken-out information regarding it from the documents submitted together with this application. This scholarship is similar to hardship scholarships provided by the university and does not require the issuance of any tax forms.

Your Name:

Current Address:

Student ID:

Program:

Phone:

GPA:

Date of request:

E-mail:

Amount requested:

When was the date of your diagnosis/accident that led to these medical expenses?

Were you a student when your accident/diagnosis occurred? When did you start your graduate degree program at Utah State University?

Are you currently (please circle one):

- a student
- employed
- unemployed
- other (please explain)

How many dependents do you have?

- a. Spouse or domestic partner? Y / N
- b. Full custody children: #
- c. Child support: # (cost)
- d. Other:

What is your annual income?

If you have a spouse or domestic partner/shared expenses, what is their annual income?

Do you have any other sources of income? (Please briefly describe)

Please describe the situation in your own words. Include what expenses the emergency fund would be used for, the amount of funding requested, what documents\* you will be providing (i.e. receipts or medical bills, explanation of benefits, financial information, estimate of cost, etc.), anything that is specific about your current income situation. Please share anything else that you feel is relevant to support this request.

Please describe your efforts to obtain assistance for these unexpected expenses through other sources (family, friends, campus/community organizations, medical institution, etc.)

Would you be willing to allow us to share your story in future student emergency fund fundraising efforts? (This will not impact the status of your application).

By submitting this form, I certify that the information I have provided is true and complete. I will notice the **QCNR GSC** in writing immediately if after submission of this application there is any change in the information provided. I understand that falsifying or withholding information in this application will result in the application being voided.

\* The applicant can choose to blacken-out information about the medical condition from these documents