COUNSELING, DISABILITY SUPPORT, AND STUDENT WELLNESS (CDSW)

STUDENT EMERGENCY FUND

The Missouri University of Science and Technology Student Emergency Fund was established by CDSW in 2016. The fund assists S&T students by providing financial support with unexpected emergency expenses. Students sometimes have unforeseen circumstances that greatly impact their lives. The fund allows students to meet their needs and continue their education.

Students may apply for the fund once they have exhausted other resources. The funding is a one time option and does not need to be repaid. Students who are in need of funds may submit an application and appropriate documentation to the case manager. Students set up a brief meeting with the case manager to make sure they have appropriate follow up in place. Funds are provided only when there is funding available and are generally awarded in amounts between $25-$500. After submitting the required form and documentation and meeting with the case manager, students will be informed of the decision along with follow up instructions. Decisions are made by a three person committee. The committee will receive appropriate information about the situation.

ELIGIBILITY REQUIREMENTS

> Applicants must have a financial hardship resulting from an emergency, accident, or other unexpected critical incident. This hardship must have a direct impact on the student's academic success at the university.
> Applicants must be currently enrolled students. It is strongly preferred that they be in good standing academically and not on disciplinary probation.
> Resources, including emergency loans through Student Financial Assistance, must have been considered and are insufficient, unavailable, or not available in a timely manner. Emergency funds are generally not used for ongoing needs. The student may work with the case manager to look at permanent solutions.
> Applicants must complete the form below and submit supporting documentation.

EXPENSES POTENTIALLY COVERED

> Groceries
> Medications and other costs related to medical care
> Safety needs (i.e. changing a lock)
> Replacement of essential personal belongings due to fire, theft, or natural disaster
> Travel costs related to a death or illness in the immediate family

EXPENSES NOT COVERED

> Tuition and fees
> Parking tickets or other fines
> Non-essential utilities (i.e. cable), household, or furniture costs not related to damage or theft

GIVING

The number of students who can be served by from this resource is limited by the availability of funds. The fund is sustained by continual contributions from alumni, parents, faculty, staff and friends of the University. To make tax deductible donations, please contact University Advancement at **800-392-4112** or **giving.mst.edu** (choose CDSW Emergency Fund from the drop down options or choose Other and write in CDSW Emergency Fund).

APPLICATION PROCESS

1. Complete the Student Emergency Fund application thoroughly and submit any supporting documentation.
2. Meet with the case manager to discuss your situation.
3. Committee reviews the application material and makes a decision. Criteria for approval will be based on eligibility, documentation of need, and availability of funds.
4. Payments are made directly to vendors and outside parties.

For more information please contact **Krista Morris-Lehman** (cm@mst.edu or 341-4211) or visit casemanagement.mst.edu

MISSOURI S&T | Student Affairs

Counseling, Disability Support, & Student Wellness (CDSW)
204 Norwood Hall, 310 W. 12th Street, Rolla, MO 65409
Phone: 573-341-4211 | Email: counsel@mst.edu

COUNSELING, DISABILITY SUPPORT, AND STUDENT WELLNESS (CDSW)

STUDENT EMERGENCY FUND

Full Name: ______________________ Student ID#: ______________

Email Address: ______________________ Cell Phone Number: ______________

Local Address: ______________________ Permanent Address: ______________

______________________ ______________________

Current Year in School: ______________ Major: ______________________

Are you currently enrolled at Missouri S&T? Yes ☐ No ☐

Are you currently receiving financial aid? Yes ☐ No ☐

Please indicate the purpose for the funds (i.e. food, medical bills, etc.): ______________________

Amount of funds requested: ______________

Please explain why these funds are needed. How will the funds be used, if granted?

____

____

How may these unexpected expenses affect your ability to remain enrolled at Missouri S&T?

____

____

Please explain your efforts to look into other resources for assistance with these unexpected expenses (i.e. family, community, campus resources):

____

____

Please attach documentation (i.e. copy of bills, receipts, legal notices, etc.)

Signature: ______________________ Date: ______________

By signing this document I realize information about my situation will be shared with a three person committee made up of the case manager and two other S&T staff.

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Approved ☐ Not Approved ☐ Pending ☐

Notes: ____

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Name: ______________ Signature: ______________ Date: ______________

Name: ______________ Signature: ______________ Date: ______________

Name: ______________ Signature: ______________ Date: ______________