



# MCNY Emergency Fund Grant Application

The purpose of the MCNY Emergency Fund Grant is to offer emergency assistance to students in good academic standing, who are undergoing unforeseen and unexpected financial emergencies. The goal is to ensure students stay in school, despite these financial hardships. Students must provide documentation to demonstrate the nature of the emergency. **The MCNY Emergency Fund Grant is funded through external donations and fundraising efforts. Approval for the grant is subject to change based on the availability of these funds.**

## Eligibility Requirements:

- Students must be matriculated at the Metropolitan College of New York
- Undergraduate students must have a minimum cumulative GPA of 2.00
- Graduate students must have a minimum cumulative GPA of 3.00
- Students must have a record of good conduct
- Students cannot have a prior semester balance and must be covered in full for the current semester, have anticipated aid that fully covers tuition costs or must be up-to-date on current semester payment plan.
- Students must not have been awarded an emergency grant in the current academic year prior to applying

*(Special circumstances may be considered)*

**Please note that your application must be complete in order to be given consideration.**

This application is not a guarantee that you will be awarded funds.

## Determination of Need

**Please note that funds will NOT be awarded for the following purposes:**

- Repayment of previous debts to MCNY
- To pay bills for cell phones, credit card, or cable/internet
- Repayment of loans, mortgage, or debt owed to any banks, organizations, or persons
- Payment for rent or utilities *that is not yet overdue*
- Payment of car insurance, car notes, or fines incurred from parking or traffic violations
- Legal representation in a criminal proceeding or MCNY disciplinary proceeding

You must provide documentation supporting any extraordinary circumstances. Please be advised that if you are awarded, it may take **2-3 weeks** to process your check. This is emergency short-term assistance.

**The maximum award amount is \$750.**

## Statement of Need

Your application is incomplete and will not be considered unless you have provided **both** a statement of need and all supporting document(s). Please refer to the documents checklist.

## **Statement of Need:**

Attach a typed, one-page statement explaining your emergency and describing how the funds will be used. Please be as detailed as possible. Address ALL of the following in your statement of need:

1. Briefly explain the nature of your emergency and how the grant you are requesting will be used.
2. How would this grant assist you in remaining in school?

3. How were you supporting yourself prior to your emergency? Why are you unable to do so now?
4. The emergency grant is for short-term assistance only. Please provide as many relevant details as possible about your plan for supporting yourself in the future.

### **Supporting Documentation**

You must submit supporting documentation for your emergency situation. Provide as much documentation as possible in order to support your reason for requesting an emergency grant.

If your documents do not meet the following requirements, they will not be included in your application. ALL documentation **MUST** be:

- Current and up-to-date (we do not accept any documents dated more than 3 months prior to your request)
- Typed and dated (no handwritten notes)
- For recent financial hardship: submit a letter from your employer or NYS Department of Labor, as well as your unemployment status or statement of benefits, submit your last 3 paystubs showing decrease of hours worked, or other relevant documentation.
- Destruction of living quarters due to fire or natural disaster: a letter or statement from the Red Cross, FEMA, other emergency organization or insurance carrier.
- Theft or loss of essential personal belongings: Include the police report or MCNY incident report.
- Medical bills from uncovered dental or medical procedures: Include all invoices from the doctor's office or hospital, explanation of benefits letter from your insurance company denying you coverage.
- Travel for illness or death in the immediate family: include a letter from family doctor, funeral parlor, death certificate and/or relevant travel documents.
- Homelessness due to loss of housing: eviction notice and rent statement showing overdue rent, letter from shelter verifying your stay, or other relevant documentation.
- Overdue utilities: utilities bills must show an overdue balance and/or include a shut-off notice

**Submitting your documentation:** We accept copies of documents. You can scan and email them to [cibarra@mcny.edu](mailto:cibarra@mcny.edu) or [owills@mcny.edu](mailto:owills@mcny.edu). **Questions?** Contact the Office of Student Services by calling (212) 343-1234, ext. 5009 or Olena Wills, ext. 2807.

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT YOU WILL BE AWARDED FUNDS.  
ALL ABOVE ELIGIBILITY CRITERIA MUST BE MET FOR YOU TO QUALIFY TO RECEIVE AN EMERGENCY GRANT.**

## EMERGENCY FUND GRANT APPLICATION

What is your current semester?     Fall             Spring             Summer    Year: 20\_\_

**PRINT ALL INFORMATION**

<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Last Name:</b>			
<b>Student ID number:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>			<b>Apartment #</b>
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Cell Number:</b>		<b>Home Phone Number:</b>	
<b>MCNY Email:*</b>		<b>Alternate Email:</b>	

\*All emails and communication concerning your emergency grant application will be sent to **your MCNY email address**. **Student Services will not be held responsible if you do not regularly check your MCNY email.**

1. Are you receiving financial aid for the current semester?             Yes             No

If yes, list here: \_\_\_\_\_

2. Are you an F1 Student?             Yes             No

3. **Amount Requested\*:** \_\_\_\_\_

\*Do **NOT** leave this field blank.

4. Check one or more of the following reasons why you are applying for the emergency grant.

- Destruction of living quarters due to fire or other natural disaster
- Theft/loss of essential personal belongings
- Medical bills for uninsured necessary appointments, procedures, or surgeries
- Travel for illness or death in the *immediate* family
- Homelessness due to loss of housing, for student and family dependents
- Other sudden financial hardship (You must give an explanation of your emergency)

5. How did you learn about this grant? \_\_\_\_\_

**Complete the Itemized Budget below:** This is a breakdown of expenses (what you will use the money for), if awarded. Your budget should add up to the total amount you are requesting.

Expense	Amount	Documentation Provided
<i>(example) Monthly Metrocard</i>	\$127	
<i>(example) Food</i>	\$100	
	<b>TOTAL AMOUNT REQUESTED: \$</b>	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**EMERGENCY FUND GRANT FUND**

This section to be completed by an MCNY Administrator

<b>Student Name:</b>	<b>Student ID Number:</b>
<b>U</b> Undergraduate <input type="radio"/> Graduate <input type="radio"/>	<b>Total Credits Earned as of current semester:</b>
<b>Pr</b> Program of Study:	<b>Receiving Financial Aid for current semester:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

Awarded     
  Not Awarded     
 Date of Award: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_     
 Date: \_\_\_\_\_