

## Emergency Fund Application

SAGE Scholars Educational Foundation's Emergency Fund is designed to provide one-time financial support to students who are experiencing a financial hardship. Funds are limited and will be provided on a first-come, first-served basis. If possible, we suggest applying within 30 days of the documented hardship or personal circumstance. Upon review of your Emergency Fund Application, SAGE Scholars may contact you for additional documentation.

## Student Information:

Full Name: Please Print		
Street Address:		Graduation Year:
City, State, Zip Code:	Home Phone:	Cell Phone:
Email Address:	Name of College/University you are attending:	

## Request:

I am requesting \$ \_\_\_\_\_\_ from SAGE Scholars Educational Foundation's Emergency Fund. (\$250.00 maximum)

Description of Hardship: Check all that apply. Please provide suggested supporting documents, if available.

Death in the family (e.g. obituary or death certificate)

Unusual uninsured medical expenses caused by severe illness or accident (e.g. copy of medical bills)

Uninsured losses caused by fire, flood, crime, or other disaster (e.g. copy of insurance claim, police report, or other documentation)



Job loss of family member (e.g. proof of unemployment)

Loss of primary residence (e.g. eviction or foreclosure notice)

Other

## Signature:

I have read and understand the provisions of SAGE Scholars Educational Foundation's Emergency Fund. I understand that submission of this application does not guarantee approval.

I hereby authorize the appropriate individuals to review my student record and disseminate information relating to my academic and personal records to the SAGE Scholars Educational Foundation.

Signature of Applicant

Date

Please return your completed application and supporting documents to the SAGE Scholars Educational Foundation: scholarship@sagescholars.com | 1650 Arch Street, Suite 2502, Philadelphia, PA 19103