



OFFICE OF STUDENT FINANCIAL SERVICES

INDIANA UNIVERSITY-PURDUE UNIVERSITY
Indianapolis

IUPUI Undergraduate Emergency Assistance Grant

Name _____ University ID# _____

Address _____

Street

City

State

Zip

Phone _____ E-mail _____

Academic program _____ # hours enrolled _____ Expected Graduation Date _____

Are you currently receiving financial aid? YES NO

Have you ever applied for any type of university Emergency Funds in the past? YES NO

If so, please list when and from where you received these funds: _____

Requested Amount \$ _____ Semester: FALL SPRING SUMMER

Explain your current financial problem in detail and what the emergency funds will be used for. Relevant documentation must be included.

Please provide any other information you feel is relevant to your application for emergency assistance.

I agree to use the funds provided to me by the IUPUI Emergency Assistance Grant in order to reduce my personal, academic, and financial strain caused by the above circumstances so that I may successfully earn a college degree. I also understand that I am not eligible to apply for any grant emergency funds from any other source for a period of one year. The information provided by me is true and complete.

Signature

Date