



STUDENT EMERGENCY FUNDS – APPLICATION FORM

Student Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Please provide a brief statement explaining why you are requesting Student Emergency Funds.

Please list the expense(s) and amount(s) for which you are requesting assistance.

Expense	Amount
Total	

Please provide a brief explanation of your financial circumstances, and describe your efforts to obtain funds through other sources.

Student Certification

By typing my name below, I certify that:

- The information is complete and accurate
- I will use Student Emergency Funds only for the purposes specified
- I will reimburse Babson College if the funds, or some portion of the funds, are no longer needed or if funding is provided to me from another source, e.g., insurance
- I will submit receipts or other documentation as requested

Name: _____

Date: _____

Faculty/Staff (if applicable)

We encourage students to submit their own requests for Emergency Funding. If you feel it is warranted, however, and if the student has consented to this request being submitted, we will accept the application from you. We will follow up directly with the student.

Faculty/Staff Name: _____

Faculty/Staff Phone Number (work): _____

Faculty/staff Phone Number (cell): _____



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Please send the completed form to Meredith Stover, Director of Financial Aid, at stoverm@babson.edu. Students will receive an acknowledgement by email, typically within 1-2 business day, with information about any next steps.

If approved please provide a domestic address for the check to be mailed below:

Address