

APPLICATION FORM

Student Name.
Student Identification Number:
Phone Number:
Email Address:

Student Name:

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 by completing this grid.

Expenses due to Covid-19 Disruption	Amount
Rent/mortgage	
Utilities	
Food	
Uncovered Medical Expenses	
Transportation	
Replacement of Essential Items due to move (specify below)	
Essential Academic Expenses related to completing the term	
Personal	
Other (specify)	
Total Expenses	\$

Student Certification

By typing my name below, I certify that:

- The information is complete and accurate
- I will use the support from the Anselmian Student Relief Fund only for the purposes specified above.
- I will reimburse Saint Anselm 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:
Students must provide receipt not later than 10 days after fu	ts and/or documentation for payment or reimbursement nds have been dispersed.
Please submit completed app	elications to studentrelief@anselm.edu.