



# ZEGAR FAMILY EMERGENCY ASSISTANCE FUND

## Student Application

### PROGRAM DESCRIPTION

The Zegar Family Emergency Assistance Fund provides critical funding to meet the financial needs of 15-20 LIU Brooklyn students each year who encounter an emergency situation or one-time, unusual or unforeseen expense during the pursuit of a degree program. Students with need and in good academic standing will be eligible for a one time award applied towards their unpaid tuition bill.

### APPLICANT INFORMATION

Date: \_\_\_\_\_ ID #: \_\_\_\_\_ Term: \_\_\_\_\_ Year: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel 1: \_\_\_\_\_ Tel 2: \_\_\_\_\_ Email: \_\_\_\_\_

Cum GPA: \_\_\_\_\_ Credits Earned: \_\_\_\_\_ Major: \_\_\_\_\_

Campus Reference (faculty, staff or administrator): \_\_\_\_\_

### STATEMENT OF EMERGENCY SITUATION

Please attach with your application a typed, detailed statement describing your emergency situation. The information included in you statement **must** reflect that this is a one-time occurrence. Your statement should be accompanied by any related documentation that supports your request.

### STUDENT CERTIFICATION

I certify that the information included with this application is true and accurate and reflects my urgent one-time need for additional scholarship funds this semester. I understand that if an award is received, funding under this program will not be available in future semesters.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* SUBMIT YOUR APPLICATION AND STATEMENT ELECTRONICALLY TO [LIU-SFS@LIU.EDU](mailto:LIU-SFS@LIU.EDU) \*\*\***

### FOR INTERNAL USE ONLY

**Approved** (Term: \_\_\_\_\_ Amount: \$ \_\_\_\_\_)  **Denied**: Reason: \_\_\_\_\_

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