



**WHITNEY M. YOUNG SCHOLARS PROGRAM®
APPLICATION FOR EMERGENCY FINANCIAL AID**

Name	Phase	Amount Requested
Permanent Address	Cell Phone	Alternate Phone
College Name	Classification	GPA
College Address	College Phone	
E-mail Address	Parent/Guardian Name	

List all sources of income and savings (employment, scholarships, grants, student loans, gifts, food stamps, etc.)

Please attach the following:

- A full transcript from each college attended
- Copy of your school bill, if request is for additional tuition assistance
- Proof of all financial aid and income for the current year
- A letter stating why these emergency funds are needed and how the funds will be used.

I attest that all included information is true.

Scholar's Signature	Amount Requested	Date
Director Educational Programs Signature	Amount Recommended	Date
Vice President Finance & Operations Approval	Amount Approved	Date
President's Signature	Final Approval Amount	Date