The Eastern Michigan University Student Emergency Fund assists EMU students by providing financial support with unexpected emergency expenses. Students sometimes have unforeseen circumstances that greatly impact their lives. The fund allows students to meet their needs and continue their education.

Students may apply for the fund once they have exhausted other resources. The funding is a one time option and does not need to be repaid. The purpose of the EMU Student Emergency Fund is to award a one-time monetary assistance to students who are experiencing an unforeseen crisis; to cover expenses which can impact a student’s ability to continue their education. EMU students may request up $750. The funding will be awarded on a case-by-case basis, after evaluating the student’s need and circumstance. Upon approval of the EMU Student Emergency Funds application, the funds will be paid into the student’s account.

ELIGIBILITY REQUIREMENTS

- Be enrolled at EMU with a minimum course load of 6 credits for undergraduate students and 4 credits for graduate students.
- Be in good academic standing with the EMU.
- Demonstrate hardship and be able to provide documentation of the emergency expense.
- Determine that all other resources, including resources through the Office of Financial Aid, have been considered and are insufficient, unavailable, or not available in a timely manner.
- Applicants must complete the form below and submit supporting documentation.

EXPENSES POTENTIALLY COVERED

- Books and other essential academic expenses
- Housing Needs (Replacement of personal belongings due to theft, fire or natural disaster)
- Transportation/Bus Pass
- Medical Care
- Child Care
- Housing/Rent
- Food/Meals

APPLICATION PROCESS

1. Complete the Student Emergency Fund application thoroughly and submit any supporting documentation.

2. Committee reviews the application material and makes a decision. Criteria for approval will be based on eligibility, documentation of need, and availability of funds.

3. Payments are made directly to the EMU Student’s Account.

For more information please contact Dr. Doris Fields || 734.487.7696 || dfields1@emich.edu
Eastern Michigan University

STUDENT EMERGENCY FUND

Full Name: ___________________________________________ Student ID#: _______________________

Email Address: ________________________________________

Local Address: _________________________________________

_____________________________________________________

Current Year in School: ________________________________ Major: __________________________________________

Are you currently enrolled at EMU? Yes ☐ No ☐

Are you currently receiving financial aid? Yes ☐ No ☐

Please indicate the purpose for the funds (i.e. food, medical bills, etc.): __________________________________________

Amount of funds requested ($750 Maximum): __________________________

Please explain why these funds are needed. How will the funds be used, if granted?

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

How may these unexpected expenses affect your ability to remain enrolled at EMU?

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Please explain your efforts to look into other resources for assistance with these unexpected expenses (i.e. family, community, campus resources):

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Please attach documentation (i.e. copy of bills, receipts, legal notices, etc.) that support your explanation for the funds needed.

Signature: _______________________________ Date: ________________________

By signing this document I realize information about my situation will be shared with the review committee.

Approved ☐ Not Approved ☐ Pending ☐

Notes: _______________________________________________________________________________________________________

_______________________________________________________________________________________________________________

Name: ______________________________ Signature: ________________________ Date: _______________________

Name: ______________________________ Signature: ________________________ Date: _______________________

Name: ______________________________ Signature: ________________________ Date: _______________________