



Lavender Fund Application

"For Student Emergencies"

Personal Information

First Name: Middle Initial:

Last Name:

Street Address:

City:

State: Zip Code:

E-mail Address:

Student ID: Phone Number:

If referred, by whom:

Academic Information

What is your educational goal?

Financial Information

Amount of Funds Requested:

Financial Information Continued

Explanation of Need:

Are you employed? If yes, how many hours do you work weekly?

What other sources of income, assistance, or support do you receive?

Student Signature:

Date:

Office Use Only

How did student hear about H.A.?

Approved Denied

Amount Awarded Awarded By:

Signature Date

Notes
