



Lavender Fund Application

“For One-Time 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:

Scholarship funds are not paid directly to the applicant (unless request is for food or gas assistance). For all other requests applicant must provide copies of invoices before payment request can be processed

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:

Submit completed form and invoice copies to hcc-scholarships@haywood.edu; or in person at HCC Foundation Office Balsam (110) Building, 185 Freedlander Dr., Clyde, NC 28721.

Office Use Only

How did student hear about H.A.?

Approved Denied

Amount Awarded Awarded By:

Signature Date

Notes
