



# 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:

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## Academic Information

What is your educational goal?

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## 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](mailto:hcc-scholarships@haywood.edu); or in person at HCC Foundation Office Balsam (110) Building, 185 Freedlander Dr., Clyde, NC 28721.

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**Office Use Only**

How did student hear about H.A.?

Approved  Denied

Amount Awarded  Awarded By:

Signature  Date

Notes

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