Lavender Fund Application

For One-Time Student Emergencies
First Year – Second Semester Students

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

Check where you need assistance

- ☐ Grocery Cards
- ☐ Gas Cards
- ☐ Utilities
- ☐ Childcare
- ☐ Rent
- ☐ Car repair
- ☐ Medical
- ☐ Other

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:**

Upon receiving Lavender Funds a Thank You note must be written. ☐

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