



KCU

STUDENT HARDSHIP FUND APPLICATION

The Student Hardship Fund is intended to address basic and emergency needs and thereby support qualified individual's success.

Allowable expenses include, but are not limited to:

- travel expenses related to emergency situations (like the death or illness of a relative);
- extra basic living expenses needed due to fire, destruction, or natural disaster;
- replacement of stolen goods (not lost due to negligence);
- and mental health (rehabilitation or behavioral) medical bills not covered by insurance.

The Student Hardship Fund is not designed to cover standard expenses included in a student's budgeted cost of attendance for the academic year, non-emergency expenses, expenses that are extravagant.

Expenses not covered:

- Expenses incurred prior to the emergency
- Non-essential utilities
- Tuition (tuition need is administered by Student Financial Aid)
- Credit card bills
- Car payments
- Child Support
- Health insurance premiums

GENERAL INFORMATION

1. Student I.D. _____
2. First, Middle, Last Name: _____
3. Preferred Name: _____
4. Are you a future, current or former student?
 - Future Student
 - Current Student
 - Former Student
5. Best contact phone number: _____
6. Email address: _____
7. Preferred means of communication:
 - Call
 - Email
 - Text
8. Indicate \$ amount requested (maximum \$5,000.00) _____
9. Provide a detailed description of your request by addressing the following:
 - a. The need for which you are requesting assistance. _____

- b. The circumstances surrounding this need. _____

- c. How these circumstances impact your ability to be successful and thrive at KCU. _____

- d. Any additional resources you are using to address this need. _____

10. Typically, the committee will respond within 5 business days. If you have extenuating circumstance, please indicate.

11. Please provide any other relevant information you wish to share with the Committee.

12. Supporting Documentation is required for approval and awards are subject to availability of funds. Please submit all documentation surrounding your need. As examples:

If you had or need necessary medical treatment that is not covered by insurance, please provide:

- A letter from the treating doctor stating that the treatment is necessary
- A denial of coverage from the insurance company
- The medical bill

If it is the loss of a job and an inability to cover basic living expenses, please provide:

- Confirmation from previous employer that you have been terminated, laid off, etc.; and documentation of your living expenses (e.g. utility bill, rent)

FOR MORE INFORMATION

Questions? Please feel free to contact the Student Hardship Fund Committee Administrative Coordinator, April Oberbroeckling at aoberbroeckling@kcumb.edu.

THANK YOU

Thank you for your application. It will be handled with confidentiality and care.

I understand that completion of this form is not a guarantee of approval. I hereby authorize the appropriate individuals to review my student records and disseminate information relating to my time at KCU to the individuals reviewing this application. I understand the information will be handled privately, anonymously, and will not be shared. I accept the final decision of the committee. By signing my name below I agree to the terms of this application.

Applicant Signature: _____ Date: _____

Submit applications by emailing April Oberbroeckling – aoberbroeckling@kcumb.edu with all supporting documentation or drop off a hard copy at the Office of the Registrar, Administration Building, Room 216.

