



MICHIGAN STATE UNIVERSITY
BLACK ALUMNI
—Est. 1980—

EMERGENCY FUNDING APPLICATION

SPECIAL NEEDS APPLICANT INFORMATION					
First Name:		Last Name:		Middle Initial:	
Street Address:		City:		State:	Zip:
MSU Email:		Student Number:		Cell Phone:	
Year/Status:		GPA:	Current Credits:	Amount Requested:	
Work Study:	No	Yes, Amount:	Residence on Campus:	Yes	No
Extracurricular Activities:					
Source(s) of current education funding: (Please list all)					
Reason/Need for Emergency Funding: (Please explain in detail)					
Other Sources Sought: (Please list all)					
Plan for Educational Expenses: (Please explain in detail)					
REFERENCES (Please list 3 Professional References)					
Name:			Relationship:		
Phone:			Email:		
Name:			Relationship:		
Phone:			Email:		
Name:			Relationship:		
Phone:			Email:		
I hereby certify that the information given is accurate. I also acknowledge that if information is found inaccurate, funding may be withdrawn and/ or repayment required.					
Signature				Date:	