Washburn University
Alumni Association and Foundation

Student Emergency Assistance Application

Student emergency assistance awards are granted from the Student Emergency Fund by Ichabods Moving forward, a student-led philanthropic organization sponsored by Washburn University Alumni Association and Foundation. Funding is made possible through the generosity of our students, faculty, staff and friends.

Description

The Student Emergency Fund is available to help students who experience unexpected and unforeseen circumstances which jeopardize their ability to continue their education. Assistance may be granted to students who have demonstrated a need for temporary financial assistance to remain a student at Washburn University. Emergency funds are limited, and availability varies based on fund balance. Assistance may only be granted once during a student's time at Washburn University.

Eligibility Requirements

- ☐ I am a current, degree-seeking student at Washburn University
- ☐ I have applied for other support through the Financial Aid Office
- ☐ I am in good academic standing
- ☐ I have exhausted all available loan, scholarship, grant/work opportunities

Only eligible applicants will be submitted to the Executive Council for review.

Application

Please complete the Emergency Assistance Application found at www.wualumni.org/ichabodsmovingforward and send supporting documentation to ichabodsmovingforward@wualumni.org.

We accept student referrals! Please submit your student in need to ichabodsmovingforward@wualumni.org. We will contact the student in need to have them complete the application needed for assistance. All referrals are kept confidential.

Applications may be completed online or printed and turned in to Washburn University Alumni Association and Foundation.

1729 SW MacVicar Ave
Topeka, KS 66604

Questions? Please call 785-670-1733 or email ichabodsmovingforward@wualumni.org

Applications are reviewed by the Ichabods Moving Forward Executive Council. We review applications Monday through Friday from 8am to 5pm. If submitted during normal business hours, applications are typically reviewed within 2 business days. All personal and identifying information is removed prior to Executive Council review. While we strive for prompt action, please understand, the funding process may take up to 1 to 2 weeks. If approved, payment will be made to the need itself (car repair, utility bill, etc.). Invoices, estimates, and other supporting documentation are required.

All final funding decisions must be approved by Washburn University Alumni Association and Foundation. Assistance awards are reported to Washburn University Financial Aid and may impact future financial aid.

Student Emergency Assistance Fund Application

Date:_____

Name: _____ WIN#: _____

Washburn Email: _____ Phone Number:_____

Current Address: _____

Class Standing: ◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior ◯ Graduate Student

Major/Program of Study: _____

Expected Graduation Date: _____ Current Academic Advisor_____

Amount Needed: $

If awarded, can Ichabods Moving Forward contact you for a statement about how you benefited from the assistance? ◯ Yes No ◯

Have you received assistance from Ichabods Moving Forward in the past? Yes ◯ No ◯

Statement of Need (2 - 4 sentences)
Specify what this temporary financial assistance would be used for. Please include any invoices, statements, and/or estimates related to the need.

Future Outlook (250 words or less)
Describe how this assistance will impact your future at Washburn University. Is your current emergency situation impacting your ability to continue classes? If so, how will this assistance ensure you continue toward graduation? Please include any work you plan to acquire, loans you will receive, etc.

Budget Proposal (See form attached)
Please give an estimated budget of the assistance you are requesting. Please attach any receipts, bills or estimates for your expenses. *Invoices, statements and/or other documentation will be required for payment. Payment will not be made out to the applicant but to the vendor for goods/services needed.*

Budget Proposal

Are you currently employed? Yes ◯ No ◯ No, but looking for work ◯
If so, monthly income: _____ Employer name: _____
Marital status: _____ Number of dependents: _____

Estimated Income (per month)

Source	Amount ($)
Earnings of Student	
Earnings of Spouse	
Parent's contribution	
Savings	
Child Support Received	
Financial Aid	
Scholarships/ Grants	
Other Income (please list below)	
Total Income per month	

Estimated Costs (per month)

Expense	Amount ($)
Rent/Mortgage	
Food	
Transportation	
Utilities	
Child Care	
Cell Phone	
Cable/Internet	
Tuition/ Books/ Fees	
Other Expenses (please list below)	
Total Expenses per month	

Please include supporting documentation for the assistance needed. Examples: Invoices, estimates and/or other documentation that you feel might support your statement of need.

Student Financial Information Form

Student Emergency Assistance Application

I, _____, give permission to the Office of Student Financial Aid and Scholarships to release financial information and academic standing to Washburn University Alumni Association and Foundation regarding any financial support I may have been awarded from Washburn University. Information provided by Office of Student Financial Aid and Scholarships will be used to verify financial need and will remain strictly confidential. Please note, any awards received from WUAAF must be noted in your financial aid record and may impact future funding.

_____ WIN_____
Signature

_____
Date

Applicants DO NOT complete the lower portion.
This will be completed by Washburn University Alumni Association and Foundation during the application review.

To be completed by the Financial Aid Office.

Has the student exhausted all other funding avenues? Yes No

_____ _____
Printed Name of Financial Aid Office Associate Signature

Date:_____