



COLLEGE OF SOUTHERN NEVADA



STUDENT EMERGENCY FUND

The Student Emergency Fund provides short-term financial assistance to all enrolled degree-seeking students taking three or more credits, including all DACA, undocumented and international students. Students will be required to submit appropriate verified documentation along with the emergency fund application.

To Apply:

- Complete this Student Emergency Fund Application
- Provide your supporting documentation. Acceptable verification includes, but is not limited to, the following:
 - Personalized layoff notice/reduction of work hours
 - Personalized utility needs, such as notices of disconnection or delinquent payments
 - Personalized medical bills/needs, proof of family emergency
 - Personalized financial statements, including overdrawn accounts, low accounts, and exhausted accounts
 - Personalized repair bills/invoice notices
 - Classroom supply needs
- Email the completed application and supporting documentation to StudentAssistanceFund@csn.edu



College of Southern Nevada

Student Emergency Fund Application

You are eligible to apply if you are enrolled at CSN for the current term **AND** you are able to provide required documentation of your need. To apply:

- Complete this Student Emergency Fund Application
- Provide your supporting documentation. Acceptable verification includes, but is not limited to the following:
 - Personalized layoff notice/reduction of work hours
 - Personalized financial statements, including overdrawn accounts, low accounts, and exhausted accounts
 - Personalized utility needs, such as notices of disconnection or delinquent payments
 - Personalized repair bills/invoice notices
 - Personalized medical bills/needs, proof of family emergency
 - Classroom supply needs
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APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ NSHE ID #: _____

Address: _____ Apartment/Unit #: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Amount of Funds Requested (Max \$500): _____

Nature of Emergency:	Utilities	Classroom Related	Employment Related	Housing
	Financial	Transportation Insecurity	Medical	Other: _____

Please describe how this emergency impacts your enrollment status: _____

Please attach any supporting documentation.

Are you eligible to apply for financial aid/fill out a FAFSA? Yes No

Have you applied for financial aid? Yes No

If awarded, I am requesting that my funds be disbursed via: Cashier's Check Direct Deposit

Please check the box before each statement, acknowledging you have read and agree to each statement:

I consent to members of the CSN Student Emergency Fund Committee to verify my enrollment and financial aid status.

I understand that the CSN Student Emergency Fund will only award when funding is available.

I understand that I must be enrolled at CSN during the semester in which I apply for assistance.

I understand that \$500 is the maximum dollar amount I can receive from the Student Emergency Fund in a calendar year.

I understand that, if awarded, I will be required to meet with an academic counselor.

FOR OFFICE USE ONLY

Date application was received: _____ Amount of credits enrolled in for current semester: _____

Any unaccepted financial aid? If no, how much? _____ Last date of financial aid disbursement: _____

Emergency Fund Member Verifying Information:

Printed Name _____ Signature _____ Title _____

Date _____

