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**School of Nursing Assistance Fund Application**

**Description:** The NMU School of Nursing Assistance Fund is funded based on NMU Foundation donations. The amount available may vary based on donations. The fund is designed to be a financial resource for student in need who experience unexpected financial challenges (such as medical expenses, day care, car repairs and other expenses not covered by traditional sources of financial aid) that would make it difficult for them to focus on their education and graduate in a timely manner. The School of Nursing Student Affairs Committee will review requests at their regular scheduled monthly meetings.

**Number Awarded:** Varies

**Amount Awarded:**  Typically $500 (other amounts may be awarded at the discretion of the Student Affairs Committee)

**Criteria:** Students must be admitted to the nursing program and in good standing academically at the time of submission. Fund can only be requested once during the student’s time in the program. Documentation of out of pocket expenses for medical expenses, day care, car repairs and other expenses not covered by traditional sources of financial aid must be submitted with the application. (copies of receipts for example)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student IN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of situation related to out of pocket expense and other resources that have been pursued to address funding need (max 500 words):

The above information is true to the best of my knowledge and I have discussed the situation with my advisor.

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Student Signature Date

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Advisor Signature Date