

## **Emergency Funds Request Form 2019-2020**

RETURN THIS FORM TO: Multnomah University Financial Aid Office | 8435 NE Glisan Street | Portland, OR 97220 | Phone: 503.251.5335 | Fax: 503.445.5199 | Email: finaid@multnomah.edu

Name	e Year in	school
Fund A	Amount Requested \$	
disruption students with the	urpose of these funds is for students that have experienced tions in campus operations due to the coronavirus. In order this must be currently enrolled. These funds are intended to be highest demonstrated need are given priority. Please selest describes your financial hardship.	to apply for <b>Emergency Funds</b> , be a one-time award, and students
	A source of income has been lost or suspended for either the sta	udent or the student's parent(s)
	COVID-19 illness has affected the student or a household mem	ber
	The student and/or family has experienced increased housing of expenses	costs and/or has incurred moving
т	The student and/or family has incurred increased technology co	osts due to online learning
	Other – please explain	
	box below, please give additional information about the re	
, -	ning below, the student acknowledges that the informatior owledge.	n provided is true to the best of his or
Studen	nt Signature	Date
Ар	pproved Denied Amount Awarded: \$ Questions? Call or text Multnomah University	By: