Bulldog Relief Fund Application
Student Veteran Emergency Fund

Purpose:
Funds have been donated by friends of Ferris State University in order to establish an emergency fund for Student Veterans. Grants may be provided to meet non-recurring emergency needs that would otherwise prevent students from continuing their education at Ferris State University.

Conditions:
1. Student Veteran must demonstrate that emergency support is directly tied to their ability to remain in school.
2. These funds will cover emergency needs and not be made available to maintain ongoing needs (rent, medication, car payments, etc.) or expenses beyond one-time emergencies.
3. Students will submit an application and supporting documents (invoices, quotes, etc.). Payments will be in the form of a direct deposit to the student upon approval.
4. Funds will not be made available to pay for tuition.
5. Funds will not be made available to cover past-due balances at the University.

Eligibility:
I am currently enrolled as a student at Ferris State University: Yes___ No___
Have you requested and/or received the Bulldog Relief Fund in the past 12 months? Yes___ No___
If yes, please explain the circumstances of the previous request:

If you are currently a FSU Student Veteran, you may be eligible to apply. Follow the instructions below. Please note that applying for support does not guarantee funds will be awarded.
Application Process:

A Student Veteran must be referred by the Veteran Resource Center or other appropriate staff member. The student must complete the application and submit it to the Veterans Office for approval. Proof of financial hardship may be required.

Instructions:

1. Fill out the Student information.
2. Attach copies of supporting documents (eviction notice, utility shut-off notice, car repair quote, etc.)
3. Submit application to Veterans Office.
4. Veterans Office will review the application and contact the student.

Student Information:

Name:_______________________________________Student ID #:_______________________
Address:___________________________City:________________State:______Zip:__________
Phone:______________________Email:_____________________________________________
Number of Dependents and Ages:__________________________________________________
Marital Status:____________________
Currently Enrollment Status: Part Time_____  Full Time_____ Major:______________________
Requested Amount:_________(not to exceed $500) Purpose:____________________________
Please explain the circumstances:

Are you employed: Yes____ No___ Full Time___ Part Time___
Name of Employer:______________________________Position:_________________________
FSU Staff may leave a message about my request on my voicemail: Yes___ No___
By signing this application, I certify that: 1) The information on this application is complete, true, and correct, and that 2) This grant would allow me to continue my education at FSU.

___________________________________________ ____________________________  
Student Signature      Date

Veterans Office Staff Recommendation:
Staff Name:_______________________________Program:______________________Progress
in Program:____________________________________Potential for Success: High___ Low___
Current Grade:____________________________Attendance: Good___ Poor___
Comments:

___________________________________________ ____________________________  
Staff Signature       Date

Registrar/Financial Aid Recommendation:
Comments:

___________________________________________ ____________________________  
Financial Aid Signature     Date