

Purpose: The purpose of the Emergency Grant is to provide any student with emergency assistance. An emergency is defined as an urgent and unforeseeable financial crisis that requires immediate action.

Eligibility: Students must be enrolled in classes at the College of Southern Idaho.
 Students must show proof of emergency need.

Students who are awaiting financial aid (FASFA) processing are not eligible to apply unless extreme emergency can be verified.

Process: A student must be referred by a CSI faculty or staff member (an instructor, a financial aid advisor, a scholarship specialist, a counselor, etc.) and obtain the signature of that person.
 The student must complete the application and submit it to the CSI Foundation Office.

Documentation Required:

- A copy of the “unofficial” CSI transcript **or**, for those entering as freshmen, the current semester’s class schedule.
- A printout of the detailed Account Receivable Due accessed from “My Account Balances” in MyCSI Financials. This is the line-by-line report on your charges and awards.
- If needing help paying for books, a canceled receipt from the CSI Bookstore showing the estimated costs for students requesting help to purchase textbooks is required.
- Documentation of denial of financial aid if applicable.

Funding Categories:

Description	Allowable Funding
Educational Support	Tuition assistance or other school related expenses including the purchase of uniforms, class materials and supplies, books, computer software, specialized equipment (graphing calculators, stethoscopes for example) or program specific equipment or tools.
Childcare Support	Can be used for emergency assistance to pay for childcare. <ul style="list-style-type: none"> ▪ If requesting emergency childcare support, written verification by the childcare provider must be presented at the time of the request.
Emergency Living Support	Emergency situations arising from living situations may be considered. These include temporary transportation costs and or living/housing expenses. If requesting emergency funding for living support, written verification will be required.

Referrer’s Printed Name _____ Referrer’s Department _____

Referrer’s Phone _____ Referrer’s Email _____

Reason for referral _____

Referrer’s Signature _____

For information, contact the CSI Foundation office at (208) 732-6249 or tharmon@csi.edu

PERSONAL INFORMATION

Name _____ Student ID# _____
Address _____
City, State, Zip _____
Phone (include area code) _____
Email _____
How many dependents do you have (other than self) _____

Internal Use Only
Award Amount: _____
Award Date: _____
Comments: _____

FINANCIAL INFORMATION

Amount of Request _____
Have you applied for Financial Aid through CSI? **Y or N**
If yes, date of application _____ Amount received _____
If no, please state reason why not _____

PLEASE NOTE: IF YOU ARE AWARDED THIS GRANT, THE INFORMATION WILL BE RELEASED TO THE CSI FINANCIAL AID OFFICE AND MAY AFFECT YOUR FINANCIAL AID PACKAGE AT CSI. _____ (Student initial here)

Have you applied for scholarships through CSI? **Y or N**
If yes, date of application _____ Amount received _____
If no, please state reason why not _____

Will you be receiving other financial support (Veteran Benefits, IDWR, ICCP, WIA, or other scholarships)? **Y or N**
If yes, list type of funding _____ Amount receiving _____

Briefly explain how the emergency situation arose and what you will use the funds for.

Briefly explain what you have done to find other funding for this.

I certify all the information on this application is accurate to the best of my knowledge.
I give my permission to the CSI Financial Aid Office to release my student information to the CSI Foundation for purposes of assessing my eligibility for emergency funding.

Student Signature: _____

DOCUMENT REVIEW (to be reviewed by The Financial Aid Office)

Notes: _____

Initials: _____