



George Snow Scholarship Emergency Fund Application



Please confirm your eligibility prior to completing this application by reviewing "George Snow Scholarship Emergency Fund Application Criteria" posted on our website at www.scholarship.org.

If you feel your are eligible please complete this application and submit it by one of the following methods:

- o Fax to the Scholarship Fund at 561.347.6380
- o Email to pperrin@scholarship.org
- o Mail to the Scholarship Fund at
George Snow Scholarship Fund
Emergency Fund Review Committee
1860 North Dixie Highway
Boca Raton, FL 33432

Complete all applicable information

Name: (Last, First, MI) _____ Date of Application: ____/____/____ Soc. Sec. Number _____

Email Address: _____ Phone: (____) _____ Fax: (____) _____

Mailing Address: (address you want your grant mailed to if your application is approved)

Street Address: _____ College or University you are attending: _____

Apt. or Room Number: _____ Year of Snow Scholarship: _____

City, State, Zip Code: _____ How would you like to be notified of your emergency fund status? _____

By what date do you require the emergency funds? _____

Please explain in your own words why you need emergency assistance. Be specific.
(Use a separate sheet of paper if necessary)

Please itemize your specific financial needs.
(Use a separate sheet of paper if necessary)

Expense	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Requested	\$ _____

Applicants Affidavit

I hereby affirm that the information I have supplied on this application is true and correct and that I have attached all relevant bills, invoices and receipts to substantiate this application.

Signature of Applicant