

CONFIDENTIAL

SMCM Financial Hardship Grant Application

Student Name: _____ Student ID#: _____

SMCM Email: _____

1. Why are you requesting these funds? What charge(s) are you trying to cover?:

2. Is this a short or long-term need? Please explain:

3. Additional information you would like to share:

4.: Amount Requested: \$ _____

5. Student Signature: By signing below, I certify that all the information provided is complete and accurate to the best of my knowledge.

► _____ Date: _____

Students requesting funds may be required to meet with the Director, OSFA to discuss the request. Please return this form to the Office of Student Financial Assistance (OSFA) Glendening Hall 130 or via email osfa@smcm.edu.

Funding for the SMCM Financial Hardship Grant is provided by the
Recovery Fund.

