

UMSOD Student Emergency Fund Application

This form is accessible and screen-reader compatible. All fields are required unless otherwise noted. Please complete each section and upload supporting documentation as instructed.

Please email to UMSOD Office of Student Affairs: saffairs@umaryland.edu.

Student Information

Full Name: _____

Local Mailing Address: _____

Phone Number: _____

Email Address: _____

Cumulative GPA: _____

Expected Date of Graduation (MM/DD/YYYY): _____

Date of Application (MM/DD/YYYY): _____

Current Financial Situation

Are you currently employed? Yes No

If yes, please list your employer and the number of hours worked per week:

Please list any waivers, scholarships, loans, grants, or other financial aid you are currently receiving:

If applying for emergency funds, enter the amount requested (USD). Note: Maximum allowable amount applies.

Amount Requested: \$ _____

Student Emergency Event

1. Describe the nature of your emergency or financial crisis. Please be as specific as possible.

2. Explain how this unexpected financial hardship affects your ability to be academically successful.

3. Have you discussed this situation with a University representative (e.g., faculty member, advisor, department chair, or dean)? Yes No

4. What other community resources have you contacted, if any?

5. Upload supporting documentation (for example: bills, receipts, or legal notices). Files must be in PDF format. Maximum total upload size is 1 GB.

6. How did you become aware of the Student Emergency Fund?
