



# UNIVERSITY *of* MARYLAND

## SCHOOL OF DENTISTRY

### Student Emergency Fund

The purpose of the Student Emergency Fund (SEF) is to provide limited, financial assistance to currently enrolled dental and dental hygienist students who are experiencing a serious financial hardship due to a sudden or unforeseen event that requires additional emergency monetary assistance.

1. Award amounts cannot exceed \$599.00 per student and are only awarded once.
2. Decisions regarding disbursement of funds are made on a case-by-case basis through the Office of Student Affairs and in conjunction with the Dean.
3. Awards do not require repayments.
4. A financial award may be considered taxable income and/or part of a student's financial aid package.
5. Students should also consult with student financial aid on the impact of their financial aid package in receiving an award.

### Eligibility Criteria:

1. Applicants must be currently enrolled at UMSOD during the semester they are seeking financial assistance.
2. Applicants must be in good academic standing and free from disciplinary probation.
3. Applicants must not have an outstanding balance with the University.
4. Applicants must have a nonrecurring financial hardship resulting from a sudden emergency, accident, or unforeseen event that has to be addressed right away. No reasonably anticipated expense will be considered a financial hardship.
5. Other possible financial resources must have been exhausted and deemed insufficient or not available in a timely manner.
6. Applicants must be able to provide any and all requested documentation.
7. International students must meet with UMB Center for Global Engagement, [Office of International Students \(OIS\)](#) for assistance.

The SEF **cannot** be used to cover any of the following expenses:

1. Tuition, lab fees, health insurance, study abroad costs
2. Parking tickets and other university-imposed fines
3. Application or test fees
4. Costs for entertainment, recreation, non-emergency travel (e.g., Study Abroad) or other non-essential expenses

**Application Process:**

1. Students must complete the online application, sign, include all supporting documents, and return to [SAffairs@umaryland.edu](mailto:SAffairs@umaryland.edu).
2. Provide documentation of the financial hardship that negatively impacts the student's ability to remain enrolled at UMSOD.
3. Requests are reviewed on a case by case basis.

Applications for the SEF will be reviewed to determine eligibility, and applicants may be required to meet (online or via phone call) with the Associate Dean for Student Affairs.

## UMSOD Application for Student Emergency Funds

College or School - School of Dentistry

Today's date (mm/dd/yyyy):

Full Name:

Local Mailing Address:

Phone Number:

Email:

Cumulative GPA:

Expected date of graduation:

Current Financial Situation:

1. Are you currently employed?
2. If yes, please list your employer and the number of hours you work.
3. What waivers, scholarships, loans, grants, etc. are you receiving this year?
4. If you are applying for emergency funds, please enter the amount you are requesting (Not to exceed \$599.99)

Student Emergency Event: (Please be as specific as possible when answering the questions below)

1. Describe the nature of your crisis/emergency request/situation in detail.
2. Explain the impact of this unexpected financial hardship on your ability to be academically successful?
3. Have you discussed these concerns with a University representative (Ex: faculty, advisor, Department Chair, Dean)?  
Yes      No
4. What other community resources have you contacted?
5. Please attach applicable supporting documentation or information (bills, receipts, legal notices) as a pdf 1GB maximum total. (Create possible multiple file uploads)
6. How did you become aware of the Student Emergency Fund?

If you affirm all the above statements concerning a request for emergency funding to be accurate, please sign your name below

Signature:

Date: