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| **ECU Ross SHARE Application—Project #0528**  **Student Help And Resources in Emergencies**  *Funds shall only be awarded in the event of an emergency that substantially affects the ability of a student to attend ECU and progress in his or her studies. Funds shall not be awarded if the student is experiencing ongoing or recurring problems. The purpose of the Grant is to retain students who may not otherwise be able to progress.*  **Please see a complete list of guidelines at the bottom of second page.** |

**East Central University Foundation, Inc. 1100 E. 14th St., PMB Y8 Ada, OK 74820**

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| Section 1: Student Information (To be completed by the Student) | | | |
| Name (First and Last): | | | Email: |
| Address (Street, City, State, Zip): | | | Local Phone Number: |
| ECU ID: | Have you received these funds in the past?  If so, in what amount? | | Cell Phone Number: |
| Please state your reason for the request. How will receiving this amount of money assist you in your studies at ECU? If you were to receive the Grant, how would it benefit you in the short and long term?: | | | |
| Exactly how much are you requesting? | | If awarded, to whom shall the check be made? (checks may not be made out to students) Please attach a receipt or invoice showing the amount due. | |
| If you were to receive the funds, how do you think you would “pay it forward” to make sure you helped others in the future? (For example, volunteering in the community or making a donation to the Fund in the future.) | | | |

**Grant Checklist (to be completed by the Student and the Recommender)**

Under which category would you classify this emergency? (Circle all that apply)

1. Automotive/Transportation
2. Health
3. Lack of School Supplies/Books
4. Housing
5. Child/Childcare
6. Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| What other sources of assistance have you pursued in attempting to address this emergency situation? (for example, family, friends, or community resources) |

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| Section 2: Recommender Information (To be completed by the Recommender) | |
| Name (First and Last): | |
| Campus Address: | Phone Number: |
| Please state your reason for supporting this student’s application: | |
| Are you confident that the student needs these funds for an emergency rather than an ongoing or recurring problem? Explain why. | |

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| Recommender’s Signature Date |
| Student’s Signature Date |

**SHARE Grant Guidelines**

1. Only an ECU faculty or staff member may recommend a student for SHARE funds.
2. To be eligible, students must be enrolled at ECU in the semester during which funds are sought.
3. Funds shall only be awarded in the event of an emergency that substantially affects the ability of a student to attend ECU and progress in his or her studies. Funds shall not be awarded if the student is experiencing ongoing or recurring problems. The purpose of the Grant is to retain students who may not otherwise be able to progress.
4. Applying does not ensure that funds will be awarded. SHARE committee members and ECU Foundation, Inc. employees will determine whether the funds will be awarded.
5. It is not expected that students will repay these funds. However, students are encouraged to “pay it forward” in the future or when they are able. Donations to the SHARE fund are welcomed. Performing volunteer service in the spirit of the fund is encouraged.
6. An invoice or receipt must be attached to the completed application listing the vendor and service provided.
7. The ECU Bursar’s and Financial Aid Offices will be notified of all recipients of this aid and the amount received.
8. A current copy of the students Bursar bill must be attached to this document as well as a current unofficial transcript.

***(updated 2/01/17/bl***)