

Application / Nomination Form
Vaughn College Short-Term Assistance Fund (SAF)

Choose One: ____ Student Application ____ Nomination **Date Submitted:** _____

Student Name: _____ **Student ID Number:** _____

Choose one: ____ Commuter ____ Resident **Anticipated Graduation Date:** _____

Permanent Address:

Current/Campus Address:

Email: _____ **Mobile Telephone:** (____) _____

Requested Amount: \$ _____ (up to \$250 maximum award)

Nature of short-term financial crisis – Attach a personal statement explaining your request in as much detail as possible. You may wish to attach copies of relevant documents such as apartment lease, utility bills, invoices, or similar financial documents related to your request. Note, an application without a detailed statement will not be considered for a SAF grant.

----- FOR OFFICE USE ONLY -----

Received By: _____ **Date Received:** _____

Notes:

