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| V:\Miscellaneous\logo - marshall.gif | College of Health ProfessionsSchool of Nursing | Dean’s Office – PH224One John Marshall DriveHuntington, WV 25755-9500Ph: 304-696-3765 |

**Gertrude E. Skelly Charitable Foundation Emergency Fund Application**

- This application form can be filled out online, or you can print this document and write / type your answers.

- Complete all sections of this application and submit according to instructions on page 1.

- Questions? Email prewittm@marshall.edu

**901 Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Last Name: First Name: Middle Initial:** |
| **Date of Birth (Mo/Day/Yr):** | **Amount Requested: $** |

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| **Current Address:****Street: Unit/Apt:****City: State: Zip:** |
| **Daytime Phone: Evening Phone: Cell Phone:** |
| **Email Address:** |
| **Program: (select one) Speciality Area: Graduation Date:** |
| **Region: (select one) Your Advisor:**  |

**Please use the space below to explain the reason(s) for requesting Emergency Funds (attach additional page if necessary)**

**Have you attached the required documentation (billing statements, receipts, etc)? \_\_\_\_ Yes**

*By checking the line next to my name, I hereby certify that the information I have provided in this application is complete and true to the best of my knowledge and belief.*

*\_\_\_\_* Type or Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted (Mo/Day/Yr): \_\_\_\_\_\_\_\_\_\_\_\_\_

 *The information that you provide on this form is strictly confidential and will not be shared with anyone outside the School of Nursing,*

 *Financial Aid Office, or Marshall University.*