

EMERGENCY FUND POLICIES AND CONDITIONS

1. The School of Nursing has designated funds available to students duly enrolled in the School of Nursing through the generosity of the Nursing Advisory Council (NAC). Students facing emergencies can be provided assistance for up to \$2,500. The funds are available for unforeseen/unplanned emergency situations.
2. If you have questions about the emergency fund criteria and conditions, be sure to contact the Office of Admissions and Students Services at 567-5805 or send an email to Hilda Mejia Abreu at Abreuhm@uthscsa.edu.
3. Please complete the application below and **submit electronically** to sonreplies@uthscsa.edu.
4. Please note, the application must be thoroughly completed and if supporting documents are helpful, please provide any supporting documents.
5. Approval will take approximately a week to two weeks (voucher process through accounting takes time).
6. Once the application has been approved and signed, we will email status updates.

Conditions

The purpose of the SoN Emergency Fund is to assist students by providing interim funding for educational needs until long-term financial aid is available.

The funds will be made ONLY for educational necessities room and board, hospitalization not covered by insurance, and other unplanned emergencies.

Emergency funds provided might impact financial aid and are counted as income

Amount

Funds are limited to \$2,500 and will be granted for appropriate term expenses.

Disclaimer

Completion of an application for SoN Emergency Fund does not guarantee applicants will receive funding approval.

STUDENT EMERGENCY FUND APPLICATION

Name: HSC ID#:

HSC Email: @livemail.uthscsa.edu Telephone #:

Current Semester: 1 2 3 4 Other: _____

Previously Applied for SoN Emergency funds? Yes No If yes, What amount? _____

Reason for Emergency Fund Request:

Attached Documentation to Support Request:

Amount Requested:

I verify that the above stated information is true and accurate. I also understand that by submitting this application for emergency funding, my request for funding is not guaranteed to receive approval.

Signature: _____ Date: _____
Please check box and type name as above

Authorized Amount: \$ _____

Approved: _____ Date: _____

Hilda Mejia Abreu, Associate Dean for Admissions and Student Services