



Emory University Hardship Fund Application

APPLICANT INFORMATION		Applicant Request #
Name: Last, First	Maiden Name (If Applicable)	
Street Address	Employee ID#	Years of Employment
Preferred Contact Method	Home Phone	Work Phone
City, State, Zip	Email	Department

APPLICANT REQUEST

I would like to request \$ _____ in assistance due to a catastrophic event.

I am an Emory University employee who has experienced the following catastrophic event
(required documentation includes, but is not limited to the following):

- death in the family (ex. Certified Death Certificate, Obituary)
- unusual uninsured medical expenses caused by severe illness or accident
(ex. Medical Bill(s), Certification of Medical Condition)
- uninsured losses caused by fire, crime, flood, loss of income or other disasters (ex. Insurance claims, Police Report)
- unusual uninsured expenses for the care of a sick family member (ex. Expense Receipts)
- job loss of family household member (ex. Proof of Unemployment, Foreclosure or Eviction Notices)

Please explain your catastrophic event and what financial hardship it caused:

Supporting Documentation is required for approval and awards are subject to availability of funds.

I have read and understand the provisions of the Emory University Hardship Fund Policy. I understand that completion of this form is not a guarantee of approval.

I hereby authorize the appropriate individuals to review my personnel records to determine eligibility.

Submit application in person, by mail, by email, or by fax to: Human Resources, 1599 Clifton Rd. 1st Floor, Atlanta, GA. 30322.
Email: hardship.fund@emory.edu; Fax: 404-712-1470.

Applicant Signature: _____

Date: _____