



## **EMERGENCY STUDENT ASSISTANCE FUND**

The purpose of this William O. Lockridge Emergency Student Assistance fund is to assist students with educational costs during times of emergencies or unexpected financial needs.

Emergencies/financial needs are determined to be unexpected circumstances for which a student could not plan in advance such as unexpected loss/termination of job for reasons beyond the control of the applicant, loss of or termination of a third party loan agreement, unexpected death of parent/guardian who provides educational support, unexpected illness and medical costs of an immediate family member, e.g. mother/father/legal guardian who provides educational support, or loss of college housing. Other circumstances that do not fall under the above categories may also be considered.

### **ELIGIBILITY**

Students must have lived in Ward 7 or 8 upon graduation of high school, and must have graduated from a high school located in Ward 7 or 8. Students must be enrolled at least full-time at a four year college or university.

### **AMOUNT**

Students can request up to \$500 for personal educational related expenses.

### **REQUIREMENTS**

Students must send in documentation that reflects the current status of your student account. Students must also send in an unofficial copy of their transcript and fill out the emergency assistance fund. Student must not be a recipient of the William O. Lockridge “Spread Your Wings Scholarship” during the same school year of the emergency student assistance request.

Please email completed application to [info@WilliamLockridgeCommunityFoundation.org](mailto:info@WilliamLockridgeCommunityFoundation.org) or fax at 202.478.0499.



# William O. Lockridge COMMUNITY FOUNDATION

## EMERGENCY STUDENT ASSISTANCE FUND Short-Term Emergency Student Assistance Application

**Please read before completing the application.**

The William O. Lockridge Community Foundation (WOLCF.) will administer the funds for the Emergency Student Assistance to assist students in emergency situations and/or financial difficulties. These funds are limited and will be made available only for circumstances beyond the control and planning of the applicant. The Foundation has the right to verify or request verification of emergency circumstances.

### Personal Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Address upon graduation)

Email: \_\_\_\_\_ Contact number \_\_\_\_\_  
(school email address only)

High School Attended: \_\_\_\_\_

School Address \_\_\_\_\_

### University/College Information

Name of University/College \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

What is your classification? Freshman  Sophomore  Junior  Senior

What is your current cumulative grade point average? \_\_\_\_\_

Amount of Assistance Requested \$ \_\_\_\_\_

Do you currently owe funds to your University?  Yes  No If yes, how much \$ \_\_\_\_\_

(over)



*William O. Lockridge*  
COMMUNITY FOUNDATION

**EMERGENCY STUDENT ASSISTANCE FUND**  
**Short-Term Emergency Student Assistance Application**

Have you previously borrowed funds from the Emergency Student Assistance/Loan Fund?

Yes  No      If yes, how much? \$ \_\_\_\_\_ When? \_\_\_\_\_

Have you ever received the Spread Your Wings Scholarship from the Foundation?

Yes  No      If yes, how much? \$ \_\_\_\_\_ When? \_\_\_\_\_

Describe Your Emergency or Financial Need \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 Approved

Rejected

Amount Approved: \$ \_\_\_\_\_

Reason for Rejection \_\_\_\_\_

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