

BAYLOR PARENTS NETWORK STUDENT EMERGENCY FUND AWARD APPLICATIONLegal name _____
Last First Middle

Baylor ID number _____ Baylor Cumulative GPA _____

Baylor email address _____

Anticipated graduation date _____

Cell phone number _____ Home phone number _____

Current local address _____
Street

City State Zip

Amount requested \$ _____

Description of emergency _____

I certify that the above information is true and accurate and agree to furnish receipts and/or other documents requested in support of this application. In addition, I understand that submission of this application does not guarantee that I will receive additional assistance. Further, I acknowledge that making any false or misleading statement(s) could result in referral to Baylor's Judicial Affairs Office for violating Baylor's Student Conduct Code.

Applicant signature _____ Date _____

Submit completed application and supporting documentation to: Student Financial Aid Office
One Bear Place # 97028
Waco, Texas 76798-7028
financial_aid@baylor.edu.

FOR OFFICE USE ONLY

Reviewed by SEF Committee: _____ Approved _____ Denied _____

Amount: \$ _____ Comments: _____

Cost of attendance: _____ Voucher: _____ Date: _____