

ADJUNCT FACULTY EMERGENCY RELIEF GRANT

Subcommittee Co-Chairs: Angie Crum, Ralph Tropsf

Subcommittee Secretary: GG Patthey

APPLICATION FORM

Applicants must provide complete information. Those who do not will be ineligible:

NAME _____

DATE OF APPLICATION _____

NON-WORK PHONE # _____

NON-WORK EMAIL _____

PRIMARY CAMPUS _____

DEPARTMENT _____

DEPARTMENT CHAIR _____

MAILING ADDRESS _____

CATEGORY OF APPLICATION (Check One):

Catastrophic Illness:

Housing Insecurity:

Bumping:

Lost Class:

Please write a short explanation of your situation that leads you to believe you qualify for a relief grant, 50 to 500 words. Attach a separate page if necessary:

I agree to have my name published as a grant recipient. Yes No

I do not agree to have my name published as a grant recipient. Yes No

ATTACH DOCUMENTATION THAT WOULD SUPPORT YOUR CLAIM:

- Catastrophic Illness: **Letter from physician confirming that the medical condition matches the criteria described above.**
- Homelessness: Eviction notice or other official record
- Bumping: Original offer letter and email or other documentation of it being withdrawn
- Lost Class: Documentation showing previous and current assignments.