

## 2025-2026 INTERNATIONAL STUDENT EMERGENCY FUND REQUEST

Student Name _____		Phone Number _____	Student ID# _____	Date _____
Expected Grad Year _____	Home Country _____	College and Major _____	Semester Requesting Funds _____	
Are You Currently Employed _____		Yes _____ No _____	Amount Requested (Maximum Amount \$3000) _____	

➤ I am willing to share my story with CMU's Annual Giving/Advancement ☐ Yes ☐ No

The Student Emergency Fund is supported by donors who want to ensure students can graduate from CMU. Their gifts are provided to help support students who are faced with an **unexpected** financial emergency that threatens their ability to remain focused on their studies. Mostly, the donors hope that this gift will lift your burden, as an investment in your future. This will be a one-time disbursement of up to \$3000 based on the supporting documentation. The intent of this fund is to help as many students as possible. One day, when you are able, perhaps you will provide support back to this fund to help another student in need. **\*All other avenues of support must be exhausted before applying for this funding.**

**You must provide** a letter of explanation detailing all applicable circumstances you may check below and why you no longer have sufficient funds available.

- **You must provide** documentation of your inability to pay your educational and/or living expenses. *To obtain a Student Visa, you provided evidence of sufficient funds available to finance your tuition and living expenses while in the U.S.*
- **You must provide** supporting documentation for the emergency indicated in your letter.
- **You must also provide** supporting documentation for expenses resulting from your emergency.

<u>Please check applicable emergency:</u>	<u>Amount Requested:</u>
<input type="checkbox"/> Travel expenses related to death or illness in your immediate family:	_____
<input type="checkbox"/> Medication or medical expenses not covered by insurance:	_____
<input type="checkbox"/> Housing and/or Utilities:	_____
<input type="checkbox"/> Living Expenses (food and other necessities):	_____
<input type="checkbox"/> Student Account Balance resulting from the indicated emergency:	_____
<input type="checkbox"/> Replacement of essential personal belongings due to fire, theft, or natural disaster:	_____

**By signing this document:**

I certify that all the information on this form is complete and correct to the best of my knowledge.  
I understand that I may be asked to submit additional documentation if necessary.  
I realize that if I do not fully prove my student emergency, this form may be denied and that all decisions are final.  
I understand that approval of submitted student emergency fund requests may not always result in additional funding.  
I have attached all applicable required documentation.

Student Signature (Handwritten Required <b>OR ELECTRONIC SIGNATURE USING GLOBAL ID</b> ) _____	Date _____
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Please include all requested documentation and upload it with this form to your [Financial Aid Portal](#).  
**Please allow 1 to 2 weeks for processing.**