

THE GRADUATE SCHOOL

EMERGENCY FELLOWSHIP FUNDING APPLICATION & INSTRUCTIONS

The Graduate School has limited funding available for graduate students for unusual or unforeseen emergency expenses. This funding is only for graduate students pursuing a degree program. Please be aware that emergency funds are provided on a one-time only basis. Awards are contingent upon eligibility, endorsements, availability of funds, and, in most cases, cost-sharing by the student's college and department. Requests by all graduate students for emergency funding should be sent to: The Graduate School, Office of Student Affairs, 116 Linton Hall.



THE
GRADUATE
SCHOOL

Office of Student Affairs

116 Linton Hall
East Lansing, Michigan
48824-1044

517/353-3262
FAX: 517/353-3355

1. The Emergency Fellowship Funding application **must** be completed in full and submitted with all requested documents attached.
2. A letter from the student requesting Emergency Fellowship Funding **must** accompany the application and describe in succinct detail the:
 - a) Purpose of the request for emergency funds
 - b) Amount requested
 - c) Other avenues explored for possible funding
 - d) Source and the amount of funding already obtained
 - e) A budget detailing income, expenses, the exact amount requested, and how the funding will be used.
 - f) An explanation of why this is a situation that cannot be resolved through the routine program, departmental, and college channels
3. Requests must include a summary of cost sharing with the student's department/program unit and college. Whether or not these units provide funding, both the department and the college must endorse the request. The Office for International Students and Scholars (103 International Center) **must** review and endorse requests from international students.
4. Review of applications occurs on a case-by-case basis. Usually, only one request per student will be considered during a degree program.
5. The major professor must provide a letter of support, AND certify that the student is making satisfactory progress toward degree in a graduate program
6. Submit a complete application packet to:

**Emergency Fellowship Funding
Office of Student Affairs
The Graduate School
116 Linton Hall**

A decision on support will be made and applicants notified within 3 business days after submission of a complete application.

PLEASE NOTE: If you have Stafford or other needs-based loans/aid, the amount of your award may cause a reduction of your loan(s) or other financial aid.



EMERGENCY FELLOWSHIP FUNDING APPLICATION
THE GRADUATE SCHOOL
Office of Student Affairs

116 Linton Hall
 Michigan State University
 East Lansing, MI 48824
 Phone: 517.353.3262
 Fax: 517.353.3355

Date: _____

Please check all that apply:			
US. Citizen	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	
Permanent Resident	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	
International Student	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	
Country of Origin			
Male	<input type="checkbox"/>		Female
	<input type="checkbox"/>		<input type="checkbox"/>
Current Graduate Program Enrollment:			
Doctoral	<input type="checkbox"/>		Masters
	<input type="checkbox"/>		<input type="checkbox"/>
Current Graduate GPA			

Please Print or Type

SHARED FUNDING AND ENDORSEMENT

Student Name: _____ PID: _____

Address: _____ Phone: _____

City/State/Zip: _____

Email: _____

Department and/or Program: _____ College: _____

Please certify that the above student is making satisfactory progress towards a graduate degree.

 Name of Major Professor (Print or Type)

 Signature of Major Professor

A signature is required below from the major professor, the department/program unit, and the college even if no funds are available to support this request.

By providing the account number below, fellowship appointment forms will be initiated by The Graduate School and routed for appropriate signatures.

TOTAL EXPENSES:				1	\$
FUNDING PROVIDER	NAME AND ADDRESS (Print or Type)	SIGNATURE	Account #		AMT FROM PROVIDER
Major Professor				2	\$
					\$
Department/Program Unit				3	\$
					\$
College				4	\$
					\$
Office for International Students and Scholars				5	\$
					\$
International students must have signature from OISS, 103 International Center					
Other (specify)				6	\$
					\$
TOTAL FROM FUNDING PROVIDERS (Add lines 2-5):				7	\$
FUNDS REQUESTED FROM THE GRADUATE SCHOOL (Required Entry):				8	\$

ROUTING INSTRUCTIONS:

1. Department Chair or Program Unit Chair
2. Dean of College
3. The Graduate School

GRADUATE SCHOOL USE ONLY

Amount Approved: \$ _____

Disapproved: _____