



DREAMKEEPERS EMERGENCY FINANCIAL ASSISTANCE APPLICATION

THE PROGRAM

The Dreamkeepers Emergency Financial Assistance program helps The University of Maryland provide assistance to students at risk of dropping out due to unexpected financial dilemmas. Whether it's tending to a health care bill or a sudden reduction in work hours, unforeseen crises contribute to high rates of attrition among college students. They also impact college completion rates and, ultimately, pose a challenge to securing a better financial future.

A leader in contributing to the success of college students through diverse scholarship initiatives, Scholarship America®, the nation's largest nonprofit, private-sector scholarship and educational support organization, designed the Dreamkeepers program in conjunction with Lumina Foundation for Education to deliver emergency financial support at the right time.

The Dreamkeepers program at The University of Maryland was initially made possible through a grant provided by The Wal-Mart Foundation. The ongoing charitable support of friends and supporters of The University of Maryland continues to make the Dreamkeepers program possible. As funding is limited, not all requests for funding can be approved. **Please note that funding cannot be used to pay off debt owed to The University of Maryland.**

ELIGIBILITY

Applicants to The University of Maryland's Dreamkeepers Emergency Financial Assistance program must meet the following criteria:

- Undergraduate students in a degree seeking program
- Registered during the semester that application is received
- Maintain Satisfactory Academic Progress / Good Academic Standing
- Have a FAFSA form on file for the current school year

Assistance is granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

APPLICATION PROCESS

Interested students must complete the application and attach copies of bills or estimates. Please answer all questions as completely as possible, as applications are evaluated on information supplied. Incomplete applications will not be evaluated.

After submitting an application, student will undergo a short interview to determine eligibility. If the counselor approves the grant, funds will be available for pick-up by check at the Bursar's office within 24-48 hours.

ASSISTANCE PAYMENTS

The maximum grant should not exceed \$500/semester. Students are only eligible to receive a grant once per semester. Lifetime maximum of award cannot exceed \$1,500/student.

OBLIGATIONS

Recipients agree to provide documented proof that assistance funds were applied to the emergency expense indicated on the application. Recipients may be asked to participate in follow-up studies or promotional efforts.

ADDITIONAL INFORMATION

Submit materials to: Dreamkeepers Emergency Financial Assistance program
ATTN: Claudine Saxton
RM 1135 Lee Bldg.
Office of Student Financial Aid
University of Maryland, College Park
College Park, MD 20742

Questions regarding the Dreamkeepers Emergency Financial Assistance program can be directed to:
sfa-scholarships@umd.edu or by calling 301-314-9000.

Insert College
Logo Here

DREAMKEEPERS EMERGENCY FINANCIAL ASSISTANCE APPLICATION

Today's Date: _____

TYPE OR PRINT (in ink) ALL INFORMATION EXCEPT SIGNATURES

Current Term: _____ School Year: _____

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone 1 (____) _____ Telephone 2 (____) _____

School Email Address _____

Other Email Address _____

Student ID Number _____

Please indicate your status. (For statistical purposes only)

Date of Birth _____

Are you a first-generation college student? (First member of your family to attend college.)

Y – Yes N – No

Employment Status: F – Full-time P – Part-time N – Not-employed

CURRENT COLLEGE DATA

Current year in school: 1 2 3 4 5 6+ or Graduate Study

Enrollment Status: F – Full Time Student P – Part Time Student

Credits earned to date: _____ Credits in current term: _____ Cumulative GPA: _____

Program of study/major: _____ Anticipated college graduation date: Month _____ Year _____

Current degree type: M – Master B – Bachelor

GOALS AND ASPIRATIONS

What are your plans as they relate to your future educational goals and aspirations? (Select one)

- G – Graduate from college / enter workforce
- U – Graduate from college / seek higher degree
- O – Other, please briefly explain: _____

ASSISTANCE REQUEST

Please select the category for which you are requesting emergency funds.

- | | |
|---|---|
| <input type="checkbox"/> U – Utilities | <input type="checkbox"/> A – Personal automobile expense |
| <input type="checkbox"/> H – Housing/Rent | <input type="checkbox"/> T – Public transportation/Bus pass |
| <input type="checkbox"/> F – Food/Meals | <input type="checkbox"/> C – Child care |
| <input type="checkbox"/> E – Medical/dental expenses | <input type="checkbox"/> G – Gas |
| <input type="checkbox"/> O – Other, please briefly explain: _____ | |

Amount of funds requested: \$ _____

To whom should the check be made payable? _____

Have you **applied** for emergency funds before? Yes No

Have you **received** emergency funds before? Yes No

FINANCIAL INFORMATION

Have you completed the Free Application for Federal Student Aid (FAFSA) for this academic year?
 Yes No (If no, please see the financial aid office.)

Are you currently receiving any other scholarships or financial aid? Yes No

DREAMKEEPERS PROMOTION

How did you learn about this emergency assistance program?

F – Financial Aid Office C – Classmate W – Web site
 S – Student Services Office P – Poster or flier E – Email promotion
 I – Instructor or faculty member: _____
 O – Other, please briefly explain: _____

APPLICATION CHECKLIST

This application becomes complete and will be processed when all of the following materials have been received:

Completed Application Form
 Documentation of need (receipt, bill or estimate)

CERTIFICATION

I hereby certify the information provided is complete and accurate to the best of my knowledge. As a condition of receipt of Dreamkeepers Emergency Financial Assistance, I hereby agree to supply the University of Maryland with documentation of need prior to payment. If a documentation is not available prior to payment, I agree to supply The University of Maryland with a receipt detailing that assistance was applied as intended. ***I understand that failure to comply may result in a hold on my registration, a hold on my transcripts and/or may preclude me from future Dreamkeepers Emergency Assistance funding.*** I also agree to allow The University of Maryland to share information about my application with Scholarship America and The Wal-Mart Foundation.

Student Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

I hereby certify that:

- | | | |
|---|------------------------------|-----------------------------|
| 1. The student has completed a FAFSA application for this academic year. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The student is currently receiving student financial aid. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The student has received budgeting assistance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. The student has attached documentation of need or will provide a receipt. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. The student has completed an interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. The student has been directed to additional federal, state or local resources. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Printed first and last name of college official _____

Signature of college official _____ Date _____

Approved: \$ _____ Not Approved: \$ _____

Reason for non-approval:

- N – Not an approved emergency expense
 E – Doesn't meet eligibility requirements
 F – Needs to fill out FASFA
 T – Has received award maximum of times
 H – Has received maximum award amount
 O – Other _____

Printed first and last name of college official _____

Signature of college official _____ Date _____

Date documentation of the emergency situation's resolution was received: _____