



## Thurgood Marshall College Fund Emergency Scholarship Program

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### General Information: (please print or type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name of TCMF Member Institution: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Major/Anticipated area of study: \_\_\_\_\_

Classification: \_\_\_\_\_ GPA \_\_\_\_\_

Are you a U.S. citizen? YES / NO (please circle) Ethnic Origin (optional): \_\_\_\_\_

Gender: Male or Female (please circle)

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### Student Contact Information

Student's Address (campus):

Street Address: \_\_\_\_\_ Apt#/POB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Student's Address (permanent):*

Street Address: \_\_\_\_\_ Apt#/POB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Type of Emergency (please indicate your emergency)

Death in Family (please indicate family relation) \_\_\_\_\_

Natural Disaster (please circle one) Hurricane Flood Tornado Earthquake

Pending Eviction (please indicate date of pending eviction) \_\_\_\_\_

Burglary (date of incident) \_\_\_\_\_ Location: \_\_\_\_\_

Fire (indicate date of incident) \_\_\_\_\_ Location: \_\_\_\_\_

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## Personal Statement

In 250 words or more please explain your need(s) for this emergency scholarship funding?

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## Verification of Need

In order to receive this scholarship all applicants must provide one of the following items

**Death** – Letter from Undertaker, Letter from hospital, Copy of obituary, Death Certificate (*scholarship is limited to death of an immediate family member: Mother, Father, Grandparent, Sibling, Child*)

**Natural Disaster** – Letter from insurance company. If event received media coverage proof you lived within the disaster zone (copy of utility bill)

**Pending Eviction** – Copy of the notice of eviction

**Burglary** – Copy of police report or insurance report

**Fire** – Copy of policy report, fire house report or insurance report

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## Acknowledgement

I hereby acknowledge that the information I have provided is correct. I understand that if I am awarded this funding that this is a one time only emergency scholarship for which I may not re-apply.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

E-mail application and supporting document to Sophia Rogers at: [srogers@tmcfund.org](mailto:srogers@tmcfund.org)