



A.C. Lewis Memorial Library Emergency Assistance Fund (LEAF) – Application

The Library Emergency Assistance Fund (LEAF) is a temporary relief fund designed to help student(s) with unforeseeable life events and hardships that could affect their life/education. Examples of unexpected emergency situations are: life-threatening/frightening emergencies, unanticipated emergency issues (homelessness, medical issues, job loss, etc.), and other related issues. **The funds may not be applied towards tuition, books, or other university-related expenses.** Although limited in scope, the funds could provide the assistance needed to “help” students overcome unforeseeable events/emergencies.

Giving is living. “There is happiness, a sense of life satisfaction, and benefits of longevity in serving and helping others. If God can do it for us, we can also do it for others.” – Anonymous

STEP 1: CAN I APPLY FOR EMERGENCY ASSISTANCE?

Please check that you have read and understand each item.

Sign here: _____

To be eligible for emergency assistance, I must:	
<input type="checkbox"/>	have earned a 2.0 cumulative GPA or
<input type="checkbox"/>	be enrolled during the current semester for six (6) or more credit hours.
I understand that:	
<input type="checkbox"/>	funds will <i>not</i> be issued to students when a 3 rd party vendor is involved. Instead, the funds will be issued directly to the vendor. Also, a thorough investigation will be conducted to ensure that any funds issued directly to the students are used for the indicated purpose(s).
<input type="checkbox"/>	dual-enrolled high school students are not eligible to receive these funds
<input type="checkbox"/>	funds will <i>not</i> be used for tuition, books, professional development courses, or other school-imposed fees (parking tickets, etc.).
<input type="checkbox"/>	emergency funds cannot be transferred to other students. Only the person who applied for and was awarded the funds is eligible to use them.
<input type="checkbox"/>	applications are reviewed throughout the year; therefore there is no deadline for applying.

STEP 2: IF YOU ARE ELIGIBLE TO APPLY FOR EMERGENCY ASSISTANCE, COMPLETE THESE ITEMS BEFORE SUBMITTING YOUR APPLICATION:

I have completed the following tasks:	
<input type="checkbox"/>	My unofficial GSU transcript is attached
<input type="checkbox"/>	I have completed the vendor information on page 3
<input type="checkbox"/>	I have attached separate documentation from the vendor to verify the amount of my request

	A representative from the financial aid office has completed page 5.
	My instructor has completed page 5.

STEP 3 – SUBMIT APPLICATION TO THE GSU LIBRARY

After you have read the eligibility requirements for emergency funds (step 1) and after you have collected the necessary information (step 2), you may submit your application to the GSU Library and schedule a meeting to discuss your request. For more information, please contact Mrs. Jessica Gipson at 318-274-3354, grigsbyj@gram.edu, or at the Library Main Office in the A. C. Lewis Memorial Library in Room 216.

Please complete, sign and return this application to Cecilia Iwala, Interim Director, A. C. Lewis Memorial Library, 403 Main Street, Box 4256, Grambling, LA 71245.

STEP 4 – IF YOU ARE AWARDED EMERGENCY ASSISTANCE

Please check that you have read and understand each item.

Sign: _____

If you are awarded emergency assistance, please note:
Awards will be made based on the availability of funds and the appropriateness of the request.
The most common mistakes applicants make are: 1. Failing to explain their emergency circumstances in sufficient depth on page 4. 2. Failing to identify a 3 rd -party vendor if necessary/required to issue the award.
Applicants will be notified of the decision via e-mail.
The students are required to write a thank-you note or letter to the GSU Library. No funds will be issued without the thank-you note or letter. If the thank-you note or letter is not received by the given deadline, the assistance will be forfeited.
The funds will be issued directly to the vendor within ten (10) business days after the student’s thank-you note or letter is received.

PROCEED TO PAGE 3 OF THE APPLICATION.

Required Student Information

Full Name: _____
Student ID Number: _____
Last 4 Digits of SSN: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
E-mail Address: _____

Marital Status: _____ Number of Dependents: _____
Employer name: _____ Your Position: _____

Monthly Income. List below your sources of monthly income and amounts.
(Ex. Job - \$400/week, Child Support - \$75/week, etc.)

Expenses. List below your monthly expenses and amounts (rent, mortgage, utilities, food, gas, car insurance, etc.):

Required Vendor and Relevant Information

Description of Request: _____
Amount of Request: _____
Vendor Name: _____
Vendor Street Address: _____
Vendor City, State, Zip Code: _____
Vendor Telephone Number: _____
Account Number (if applicable): _____

***Please attach a copy of the documentation related to and verifying your request (copy of ID, pay stubs and related income documentation, bills and related expense documentation, etc.). It is important for GSU students to apply for emergency assistance when necessary. The emergency assistance program is primarily based on need.**

Please provide an explanation of your exceptional need/circumstances below and why this assistance is needed (attach additional paper if necessary):

By signing below, I certify that the information on this application is complete, true and correct and I am in need of this funding to continue my education at GSU. I understand that if I provide inaccurate information, I will be required to repay the money and will not be awarded Library assistance in the future. I understand I must notify the Financial Aid Office if I drop/audit any classes during the semester which I apply.

I authorize the release and full disclosure of any and all information, including information of a confidential and/or privileged matter, to any representative of Grambling State University. I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested.

I authorize the release of biographical information for use in publicity related to the assistance program to help/encourage others to apply. I understand that anything I write as part of my emergency assistance application may be shared with the assistance donor(s) and/or used in conjunction with College and GSU Library materials.

I understand that I must attend a meeting with the LEAF Committee in order to be considered for the funds. If I do not attend the meeting, my application will be withdrawn. I must also attend the Appreciation Luncheon in the spring at the GSU Library, and I may be asked to serve as an ambassador, volunteer, or representative of the Library at events during the year.

Student Signature

Date

The Library has the following emergency assistance fund:

□ **A. C. Lewis Memorial Library Emergency Assistance Fund (LEAF)**

In 2015, an individual established the A. C. Lewis Memorial Library Emergency Assistance Fund to help students cope with critical emergency needs. The fund allows GSU students to apply for monies to be used immediately in the event of an emergency. Part-time and/or full-time GSU students may apply for these funds.

For Library Use Only		
Library Meeting:		
Did the student schedule and attend a meeting? Meeting date:	Yes	No
Funding Decision:		
Did the student legitimize his or her financial need?	Yes	No
Will the student serve as a good ambassador for the Library?	Yes	No
Amount Awarded Decline Request Additional Comments: Decision made by: Signature: Date:		