



**East Stroudsburg University Foundation
Macmillan-Leiding Student Emergency Assistance Fund
Grant Application Form**

Date of application _____

Student Name: _____

Student ID # _____

Mailing address _____

Street Address

City

State

Zipcode

Telephone _____

Home

Cell

Amount requested: _____ Semester requested: _____

Purpose: _____

Reason for the request: _____

Are you a member of an ESU intercollegiate athletic team? _____

Are you currently receiving any scholarships? _____



Current academic standing (please check one):

Good (2.0 or above)

Warning

Probation

Suspension

Credits completed: _____ Credits scheduled: _____

GPA: _____ Major (s): _____

Minor (s): _____

Status of ESU Hardship Grant application _____

Vice President for Enrollment Management Approval: _____

Applicant Signature: _____
Signature Date

Committee Review Results

Date: _____

Approved

Not approved

Signature: _____