



Tuskegee University College of Veterinary Medicine

Student Emergency Financial Assistance Program Application

You may be contacted by the Offices of Student Affairs to discuss your request. In some cases, students will not receive funds if it is determined that:

1. The needs are not critical, or
2. They can utilize other resources to fulfill the need.

In such instances, students will be referred to and connected with the alternate resources.

Please provide the following information:

1. Full Name:
2. Student ID Number:
3. Phone Number:
4. Email Address:
5. Class:
6. Please describe your request, the circumstances and itemize your expenses where appropriate: (Attach supporting documentation)

(Attach additional pages if necessary)

Certification of Accuracy. I have reviewed the information above and certify, to the best of my knowledge, that the information provided is true and accurate.

Submitted by: _____

Signature: _____ Date _____

TUCVM Office of Student Affairs _____ Date _____

Scholarship Committee Chair _____ Date _____

Dr. Ebony Gilbreath _____ Date _____
Dean