



**NYU**

**SCHOOL OF  
PROFESSIONAL STUDIES**

## **Student Emergency Funding**

NYU SPS is committed to helping students who may be facing a short-term financial emergency. The goal of the fund is to help students remain in school without interruption and successfully complete their degree requirements.

### **Examples of QUALIFIED EMERGENCIES include:**

- Homelessness or sudden loss of housing
- Fire in living quarters
- Temporary loss of job or income
- Theft of computer, books, clothing or other essential belonging
- Medical/Dental emergencies
- Food or transportation needs
- Overdue utility bills/turn off-notice
- Transportation card
- Travel expenses due to illness/death in immediate
- Victims of Domestic Violence
- Loss of childcare
- Other (you may give an explanation of your emergency)

### **The fund is NOT intended to cover:**

- Current full or partial tuition and University fees
- Previous college tuition debt/expenses
- Legal representation/attorney fees in a criminal proceeding or NYU disciplinary proceeding

### **Application Instructions:**

- Complete the online application form. The information submitted will be used to determine your eligibility for emergency assistance.
- Submit the application along with any supporting documents to [sps.financialaid@nyu.edu](mailto:sps.financialaid@nyu.edu).

Students will be notified of a decision via email. Please be aware that this emergency assistance fund is a one-time award per emergency. Award amounts vary and are typically in the \$500-\$2,000 range.



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Office of Student Affairs  
7 East 12th Street, Suite  
523 New York, NY 10003  
P: 212 998 7002  
F: 212 995 4130

## REQUEST FOR EMERGENCY FUNDING

Applicant Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

NYU N# \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

NYU Email Address \_\_\_\_\_

Student Status:            Undergraduate            Graduate

Program: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Anticipated Graduation Semester and Year \_\_\_\_\_

Are you an International Student?    Yes            No

Did you file a FAFSA for this academic year?    Yes            No

Amount of funds requested \_\_\_\_\_

For what semester are you requesting the funding? Please circle one

Fall            Spring            Summer

Select the following reason(s) for your request of an emergency fund or explain under "Other":

Temporary loss of job or income

Homelessness or sudden loss of housing

Fire in living quarters

Theft of computer, books, clothing or other essential belonging

Medical/Dental emergencies

Food or transportation needs

Travel expenses due to illness/death in immediate family

Overdue utility bills/turn-off notice

Transportation card

Loss of childcare

Victims of Domestic Violence

Eyeglasses or essential dental work

Other:

Do you have insurance (medical, homeowner's, etc) that will cover all or part of these expenses?

Yes

No

What efforts have you made to procure financing from other sources?

If this is not the first time you have applied for emergency funds (loans or grants), please indicate when and what other funds you have requested and received:

Please describe how these funds, if attained, will be used:

I have read and understood the criteria of the award. I agree to the terms and conditions of the award and to complete a follow-up should the funds be granted.

Please attach documentation combined in one pdf file to this application.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_