



Application for Student Emergency Financial Relief Program

This fund provides emergency financial assistance to students who encounter urgent, unanticipated financial hardship and are in need help affording immediate needs, from food and housing to medications and transportation assistance. Students whose primary residence is on Cape Cod are eligible to apply.

Applicant Information

Full Name: _____

Primary Address (Cape Cod): _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Educational Information

College/University/School Attending: _____

Type of Educational Program: _____ Certificate Program _____ Associate Degree

_____ Bachelor's Degree _____ Graduate Degree _____ Other

If applicable, Please Select Year in College (Select one): _____ Freshman/First-Year

_____ Sophomore/Second-Year _____ Junior/Third-Year _____ Senior/Fourth-Year

Anticipated Graduation/Completion Date: _____

Employment and Financial Information

Employment Status: (Select one): _____ Employed Full-Time _____ Employed Part-Time

_____ Seasonally Employed _____ Unemployed

_____ Other (please specify): _____

Monthly Household Income: _____

Are you financially dependent on your parents/guardians? (Select one) _____ Yes _____ No

Do you currently receive financial aid from your college/university? (Select one) _____ Yes _____ No

Have you contacted your school's Student Emergency Aid Fund? _____ Yes _____ No

If yes, please provide the date of assistance and amount provided or reason denied:



Assistance Request Information

Type of Assistance Requested: (Check all that apply)

____ Transportation Assistance ____ Housing Assistance (off campus only)

____ Utility Assistance ____ Food Assistance ____ Medical

____ Other (please specify): _____

Briefly explain your financial hardship and how the requested assistance will help:

Additional Information for Grant Reporting

Number of Household Members: _____

Age of Household Members (if applicable): _____

Are you/your household currently facing a qualifying financial event (e.g., loss of job, unexpected medical expenses)? (Select one) ____ Yes ____ No

If yes, please specify: _____

Do you identify as part of any of the following groups? (Optional, for demographic reporting purposes):

____ First-Generation College Student ____ Veteran ____ Person with Disabilities

____ Other (please specify): _____

Submission Instructions:

Please submit your completed application to: executivedirector@neighborsfund.org

For questions or assistance with this application, contact us at 508-778-5661 ext. 104.

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