



**WHITNEY M. YOUNG SCHOLARS PROGRAM®  
APPLICATION FOR EMERGENCY FINANCIAL AID**

Name	Phase	Amount Requested
Permanent Address	Cell Phone	Alternate Phone
College Name	Classification	GPA
College Address	College Phone	
E-mail Address	Parent/Guardian Name	

List all sources of income and savings (employment, scholarships, grants, student loans, gifts, food stamps, etc.)

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**Please attach the following:**

- A full transcript from each college attended
- Copy of your school bill, if request is for additional tuition assistance
- Proof of all financial aid and income for the current year
- A letter stating why these emergency funds are needed and how the funds will be used.

I attest that all included information is true.

Scholar's Signature	Amount Requested	Date
Director Educational Programs Signature	Amount Recommended	Date
Chief Operating Officer Approval	Amount Approved	Date
President's Signature	Final Approval Amount	Date