



**WOMEN'S & GENDER STUDIES
EMERGENCY FUND**

APPLICATION FOR ASSISTANCE

Check here to confirm that you've applied to Lucky Star prior to making this application.

Date: _____

Name: _____

Telephone: _____

Email: _____

Faculty Contact: _____

Amount Requested: _____

Nature of Emergency (please provide a brief description):

Proposed Repayment Plan:

Date:

Amount received:

Recipient's Signature:

