## **Charleston School of Law Foundation, Inc.**

# **Financial Hardship and Emergency Application**

In furtherance of its charitable purposes, the Charleston School of Law Foundation, Inc. ("Foundation") operates a Student Financial Assistance Fund ("Fund") designed to help enrolled students of the Charleston School of Law who are involved in special projects that are either temporary or ongoing. The Fund provides short-term financial need for student programs that support the teaching or learning of law in the Charleston or state communities.

To apply, please complete the following application and submit it to <u>Awards@charlestonschooloflawfoundation.org</u>.

You will be notified by email if you have been selected as a recipient of a Fund distribution.

### **Personal Information**

| Full Name:                              |                           |           |
|---|---------------------------|-----------|
| Current Address:                        |                           |           |
| City:                                   | State:                    | Zip Code: |
| Home Phone:                             | Cell Phone:               |           |
| Work Phone:                             | Email Address:            |           |
| Student ID:                             | Preferred Contact Method: |           |
| Estimated Date of Graduation (MM/YYYY): |                           |           |

### **Applicant Request:**

I would like to request \$ \_\_\_\_\_\_ to assist for the

#### **Needs Assessment:**

If applicable, please attach supporting documentation of the financial hardship you are experiencing, such as copies of insurance claims, medical expense receipts, foreclosure or eviction notices, etc.

Please explain in detail the financial hardship you are facing. You may use additional pages if necessary.

Please describe the assistance are you seeking from Charleston School of Law Foundation. Justify the amount you request as it relates to the financial hardship you have described.

Please provide any additional information you would like the Distribution Committee to consider.

I, the undersigned, verify and attest that the foregoing information is accurate and complete as of the following date.

Signature

Date

## **Charleston School of Law Foundation, Inc.**

Fund Distribution Committee Review Worksheet for Financial Hardship and Emergency Grant

- 1. Name and address of recipient (see attached Application).
- 2. Reason person was selected.<sup>1</sup>

3. Disclose family or business relationship of recipient, if any, to people connected to the Foundation.<sup>2</sup>

4. Amount to be distributed to recipient and specific purpose for such distribution. Note: the Foundation must keep adequate records to demonstrate grant funds were properly expended for the intended purpose. (Attach documentation).

5. The foregoing hardship grant was approved for distribution by the Grant Committee of the Foundation on \_\_\_\_\_\_.

Committee Chair

<sup>&</sup>lt;sup>1</sup> Grant distribution is limited to desperate financial needs including: (1) a need resulting directly from an identifiable, sudden, and unexpected event; (2) the inability to provide for the basic necessities of life, such as food, housing, and other basic sustenance; (3) unusual and uninsured medical or travel expenses caused by severe illness or accident; (4) death in the family; (5) uninsured losses caused by fire, crime, flood, or other disasters; or (6) insupportable indebtedness occurring for reasons beyond the individual's control. The desperate need must be caused by factors outside the control of the applicant and must be unlikely to recur or to continue for a long period of time. Distributions will not be provided for expenses covered by insurance or other sources.

<sup>&</sup>lt;sup>2</sup> The Foundation is strictly prohibited from granting funds to benefit a director, officer, key contributor, or employee of the Foundation, as well as individuals that have a family or business relationship with these individuals. A family relationship shall include: spouse, sibling, ancestor, child, grandchild, great-grandchildren, and the spouse of siblings, children, grandchildren, and great-grandchildren.