



**San José State**  
UNIVERSITY

**Division of Student Affairs**  
*Office of the Vice President*

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Career Center  
Counseling Services  
Disability Resource Center  
Judicial Affairs  
MOSAIC Cross-Cultural Center  
Ombudsman  
Student Health Center  
Student Life & Leadership  
University Housing Services  
Associated Students, Inc.  
Student Union, Inc.

**SJSU Student Emergency Fund Application**

*The SJSU Student Emergency Fund is available to provide financial assistance to SJSU students involved in a catastrophic or emergency event or situation. Situations or events involve circumstances which are sudden, unexpected and affect a student's ability to function as a student. Examples include but are not limited to an accident, illness, travel for a funeral, fire damage, temporary housing, etc. Grants are awarded on a one-time basis up to a maximum of \$500.*

If you believe you meet the criteria as indicated above, please complete this application and submit it to the Associate Vice President for Student Affairs, Administration Building 218. You will be notified within five working days as to the status of your SJSU Student Emergency Fund application.

Name: \_\_\_\_\_

SJSU ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Catastrophic/Emergency Event or Situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ attach page(s) if needed

Amount Requested: \_\_\_\_\_

What would funding be used for: \_\_\_\_\_

\_\_\_\_\_ attach page(s) if needed

Is this request for a reimbursement of funds already spent?  
\_\_\_\_\_ Yes (please attach receipts) \_\_\_\_\_ No

I certify that answers given herein on this SJSU Student Emergency Fund application are true and complete. I also understand that receipts will be required. I understand that I would be held responsible for reimbursing funds if awarded should there be evidence that my statements are not true and complete.

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

**For Office Use Only**

Application Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Awardee Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Date Funds Distributed: \_\_\_\_\_ Receipts Received: \_\_\_\_\_

**The California State University:**  
Chancellor's Office  
Bakersfield, Channel Islands, Chico,  
Dominguez Hills, Fresno, Fullerton,  
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Los Angeles, Maritime Academy,  
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San Francisco, San José, San Luis Obispo,  
San Marcos, Sonoma, Stanislaus