

STUDENT EXTREME HARDSHIP FUND

The Student Extreme Hardship Fund has been established to help provide financial assistance to New Mexico Highlands University students who may face financial hardship due to a catastrophic event.

Currently, existing clubs/organizations are required to charter by September 15 of each academic year. *(New clubs/organizations may charter at any time during the fall semester of each academic year.)*

Should an existing club not submit a complete charter application by the deadline, said club will be placed on “suspension” and any monies in their club account at the Foundation Office will also be placed on hold until the following academic year. In the event said suspended club fails to charter again by the following academic year, their charter will be revoked and any monies left in their Foundation account will be transferred to the Student Extreme Hardship Fund.

These monies will then be used to aid students, who during the course of the academic year are faced with an exceptional and/or unexpected hardship. Each situation will be reviewed on a case by case basis by the Fund committee. The following are examples of circumstances to be considered:

- Travel related to a death in the immediate family
- Unusual **uninsured** medical expenses caused by severe illness or accident
- Uninsured** losses caused by fire, crime, flood, loss of income or other disasters
- Unusual **uninsured** expenses for the care of a sick immediate family member (son, daughter, husband, wife) who resides with you
- Job **loss**

Each case will be reviewed on a case by case basis with appropriate documentation required for consideration. Applications will be considered on the basis of a student’s income and expenditures. Applicants must also demonstrate that they have insufficient funds to cope with the unexpected circumstance. This aid is NOT to be counted as part of a student’s financial aid package in that it is an unexpected/exceptional circumstance.

Who is eligible to apply:

*Graduate and undergraduate students enrolled at NMHU for a minimum of six (6) credit hours who do not have current or pending disciplinary actions within the 12 months prior to the submission of an application.

The maximum award amount is \$250 per event, subject to the availability of funds and the extent of the need. (The committee reserves the right to increase/decrease the amount of the award based on documented circumstances.) Students may receive one award per rolling twelve month period.

Completed applications may be submitted and will be considered at any time during the academic year, based on the availability of funds.

NEW MEXICO HIGHLANDS UNIVERSITY STUDENT EXTREME HARDSHIP FUND

Please complete and submit applications to Margaret Gonzales, Director of Campus Life & Conferences. Once your application has been received, you will be contacted as soon as possible with a meeting date and time to review your application with the Fund committee.

APPLICANT INFORMATION

Name: Last, First: _____

Student ID number: _____

Student email address: _____

Student phone number: _____

APPLICANT REQUEST

I would like to request \$_____ (maximum \$250) in funding due to the following extreme hardship:

- Death in the immediate family (Ex. Obituary or Certified Death Certificate)
- Unusual **uninsured** medical expenses caused by severe illness or accident (Ex. Medical bill(s), Certification of Medical Condition)
- Uninsured** loss caused by fire, crime, flood, or other disasters (Ex. Insurance claim(s), Police Report)
- Unusual **uninsured** expenses for the care of a sick immediate family member (son, daughter, husband, wife) who resides with you (Ex. Expense receipts)
- Job **loss** (Ex. Proof of eviction notice, proof of loss of wages)
- Other (explain why the fund should help cover this event. _____)

I have read and understand the provisions of the New Mexico Highlands University Extreme Hardship Fund and understand that submission of this form is not a guarantee of funding.

I hereby authorize the Fund committee to review my student records and understand that the information gathered will be handled privately and will not be shared. I further accept and understand that the decision of the Committee is final.

Applicant's signature: _____

Date: _____

.....

For office use only:

_____ Date

_____ Application approved

_____ Amount approved

_____ Application denied

Comments: _____

Committee signatures:

5/17/17