



CARE for Students Grant Application Form

Cameron University is committed to student success and, to that end, to helping our students overcome unforeseen financial hardships allowing them to focus their energy on pursuing their dreams and continuing their education.

We understand that financial emergencies can happen in life and Cameron University is here for you. A CARE for Students grant is meant to be a vital resource when all other options for assistance are exhausted or unavailable. It is intended to be the difference in being able to continue learning at CU or having to leave the University due to external financial pressures. A grant may be awarded once per academic year while at CU. The current maximum grant amount is \$400. Submission of an application does not guarantee an award.

Complete all the questions to be considered and attach supporting documentation for your request. *If you have questions, please read the CARE for Students Fund Policy prior to completing the application.*

Eligibility Requirement:

- The applicant must be enrolled at the time the application is submitted.
- The applicant must demonstrate and provide proof of an emergency financial situation that immediately threatens the ability to continue study at Cameron University. Situations may include loss of employment or substantial reduction in income, medical or family emergencies, unforeseen expenses caused by a change in University operations, or other unforeseen expenses that cause financial hardship.

CARE for Students Grant Applicant Information:

Full Name: _____ Student ID#: _____

Mailing Address: _____

Phone Number: _____ Cameron Email: _____

Award Amount Sought: _____

Please provide a description of your financial need and include what has contributed to this emergency. If this is medical, there is no need to describe the condition, simply attach the bill where applicable. The more details provided, including third-party documentation (such as utility or car repair bills), will assist the committee in its decision. Use a separate sheet of paper, if necessary.

Please indicate the preferred method of payment (if approved):

Mail check to mailing address

Pick up check at the Business Office (Administration Building)

Send to BankMobile

My signature affirms:

- ☐ The information I have provided in this application and in accompanying documents is true and correct
- ☐ I understand this information will be shared only with the award committee.
- ☐ I give permission to CU and CU Foundation representatives to use my story without using my name for the purpose of promoting giving to the CARE for Students Fund.

Signature of Applicant _____ **Date** _____

Please return application via email to foundation@cameron.edu, or mail to CARE for Students Fund, Cameron University Foundation, Inc., 2800 West Gore Boulevard, Lawton, Oklahoma 73505.