Bank Street
College of Education

College Advisory Council Emergency Assistance Fund Application

Prior to completing the application, please review the guidelines to ensure you are eligible. If eligible, please complete the application below and return to the College Advisory Council at collegeadvisorycouncil@bankstreet.edu

Employee Information

Name: _____

Division: _____ Years of Service: _____ (start date if 1st year)

Bank Street email: _____ Preferred Phone #: _____

Have you requested or been granted funds from EAF before? **YES** **NO**

If yes, indicate the date, and if granted, the amount: _____

Please provide a brief description of the event that caused the economic hardship:_____

_____

_____

Please list the grant amount you are requesting: $_____
Note, the maximum amount awarded is $1,000 and CAC EAF reserves the right to award partial grants.

Employee Signature:_____ Date:_____

CAC EAF Committee Use Only

Date application received:_____ Date Committee Reviewed:_____

Application approved: **YES** **NO** Amount Approved: $_____

Request not approved due to: _____

Date employee notified:_____ Date Business Office paid:_____

Co-Chair Signatures: X_____ X_____