

# Travelers EDGE® Emergency Fund

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

Thank you for your application to the Travelers EDGE Emergency Fund Program. The intent of the emergency fund is to provide emergency grants for students who experience unexpected financial difficulties. Additional information is needed to determine if you are eligible for funding through this program.

Please describe the nature of your emergency and identify the financial obligation you face due to these unexpected financial difficulties. Please be specific and include the following:

- A description of the expense that needs to be paid, including the cost
- The reason that you are unable to pay it
- How this expense would prevent you from staying enrolled or would hamper your academic success
- And how you will work to address the issue and ensure that this circumstance will not be an ongoing problem

If approved for any portion of the requested amount, you will be notified via email to a select payment option.

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Total Amount Requested \$ \_\_\_\_\_ Total Amount Approved \$ \_\_\_\_\_

I understand that falsification of records or the use of payments other than described above will disqualify me from further use of my scholarship award.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Travelers EDGE Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's notes:

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