****

**BCF Scholar Urgent Needs Fund**

**Application Instructions**

The Urgent Needs Scholarship helps current Berrien Community Foundation scholars who are at a higher risk of dropping out of college when faced with unexpected, financial hardships. This could be a student who has to choose between paying for their next semester or putting food on the table. Eligible applicants may receive up to $500 per semester or up to $1,000 per academic year to cover costs.

**Students are eligible if:**

* They are experiencing unexpected hardship
* Demonstrate financial need
* Received a scholarship from Berrien Comm

**To apply, students must do the following:**

1) **Reach out to your school.** Many colleges have resources available to help meet student needs. We'll ask you who all you've contacted for help.

2) **Gather documents.** Gather any documentation you have of actual or projected costs related to what you're asking money for (i.e. an estimate for repairing a car part). You’ll be asked to upload them in the application.

3) **Fill out our application.** Fill out a short questionnaire by hitting the "Apply Here" button below. This will help us get acquainted with your situation so we can better help you. We ask that you log back into the account you used for applying to our scholarships.

4) **We will call.** After reviewing your information, we’ll give you a call to further chat about what’s going on. We should make contact within 24 hours.

If you have any questions, please contact susan@berriencommunity.org

**Application Information**

**This application is for BCF Scholars who have an emergency/urgent need while obtaining secondary education. Eligible candidates include students who received a Berrien Community Foundation Scholarship in 2024 and meet all other eligibility criteria.**

**Please answer the following questions to the best of your ability. All personal information will be kept strictly confidential.**

**Name:**

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Date of Birth (mm/dd/yyyy):

Student ID #:

**College and Scholarship Information (currently attending)**

College/University/School Name:

Do you live on campus during the school year?

[ ]  Yes

[ ]  No

If yes, please provide your on-campus address.

Address:

City:

State:

Zip

What year did you receive BCF Scholarship? *(must have received BCF Scholarship in 2024 to be eligible)*

Click here to enter text.

What scholarship(s) did you receive from Berrien Community Foundation?

 Click here to enter text.

**What Do You Need?**

Briefly describe the reason you are applying for emergency funds. How is this cost preventing you from continuing your education? How would this fund help you with this cost?

 Click here to enter text.

What do you need help with? Select all that apply.

[ ]  Housing/rent

[ ]  Utilities

[ ]  Transportation (including auto repair)

[ ]  Childcare

[ ]  Gas money

[ ]  Food/groceries

[ ]  Other (please describe) Click here to enter text.

If you know how much you need, please tell us how much. Eligible applicants may receive from $1- $500 per semester or up to $1,000 per academic year to cover costs.

Click here to enter text.

Have you contacted your college to ask about any emergency funding or resources they provide?

[ ]  Yes

[ ]  No

If yes, what was the result?

Click here to enter text.

**Tell Us More About You**

Please describe your household situation. Select all that apply

[ ]  I live alone

[ ]  I live with a non-relative roommate(s)

[ ]  I live with my parents

[ ]  I live with my spouse

[ ]  I live with my children

[ ]  I live with my siblings

[ ]  Other (please describe) Click here to enter text.

Are you working while attending college?

[ ]  Full Time

[ ]  Part time

[ ]  Not working

How many children or dependents do you have?

[ ]  0

[ ]  1

[ ]  2

[ ]  3

[ ]  4 or more

Are you a member of the LGBTQ+ community?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

Is there anything else you would like us to know?

Click here to enter text.

**Signature**

Certification:

I acknowledge that all the above information is correct. I understand that this application will not be reviewed if all the information is not provided. I also acknowledge that submitting this application does not guarantee me any funds or services.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Information

[www.berriencommunity.org](http://www.berriencommunity.org)

Berrien Community Foundation

Scholar Urgent Needs Fund

2900 South State Street

Suite 2 E

Saint Joseph, MI 49085

269-983-3304