

The Student Success Fund (SSF) assists Arkansas State University-Newport students who encounter an **unforeseen emergency, catastrophic event, or temporary barrier** that would otherwise prevent them from earning a degree or certificate at ASU-Newport. Each applicant is asked to describe, in detail, the nature of the emergency and state how SSF funds would assist in alleviating the circumstances.

APPLICATION PROCESS

To apply for assistance from the SSF, it is recommended that students:

- Be a degree-seeking student at ASU-Newport.
- Have a cumulative GPA of 2.0 for all coursework completed at ASU-Newport or be a new student to ASU-Newport.
- Be registered in at least **six** credit hours for the current semester.

AWARD

Maximum SSF award is normally \$500 per student per calendar year. Payments are considered taxable income and students are responsible for reporting this sum when filing tax returns. Due to limited funding, every request may not be approved. Repeated requests from the same student also are not likely to be approved. *Extenuating circumstances will be reviewed for additional requests per calendar year.*

PROCEDURE

- Students interested in SSF funding must submit a completed application to the Student Success Fund Review Committee.
- Each application is reviewed on a case-by-case basis.
- Applications are considered based on the academic program, educational goals, grade point average, application content and quality, financial aid, financial need, financial emergency, and/or special circumstances.
- Students are notified via ASU-Newport student email regarding the committee's decision within 5 business days.
- All decisions are final; not all applications will be funded.

STUDENT INFORMATION

Name _____ Student ID Number _____

Address _____ City _____ State/Zip _____

Phone Number _____ Email _____

Are you living with your parent(s) or guardian? Yes No

COLLEGE INFORMATION

Select the statement that best describes your educational objectives:

- Obtain an associate in arts (A.A.) degree at ASU-Newport and transfer to another educational institution.
- Obtain an associate's degree or certificate in an Applied Science academic program.
- Other (*please explain*): _____

ASSISTANCE REQUEST

Please select **one** category that best describes your request for funding: (*Note: tuition is not funded.*)

- | | | |
|---|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Food/meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical expenses | <input type="checkbox"/> Natural Disaster/fire | <input type="checkbox"/> Text books |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Housing/rent | <input type="checkbox"/> Other (<i>please specify</i>): _____ |



Student Success Fund: Application

Revised 3.30.2020^{as}

Describe your unforeseen emergency and how these funds will help alleviate the hardship. In addition, describe your academic and career goals and provide a timeline to achieve these goals. (Attach additional pages as necessary):

Amount of Student Success Funds requested: \$ _____ (Maximum request is \$500.00)

NOTE: Attach expense documentation such as copies of bills, invoices, vendor quotes, or other relevant information to support the request for emergency funds. Submissions without documentation will not be reviewed.

SSF APPLICATION HISTORY

Have you **applied** for emergency funds at ASU-Newport previously? YES NO

Have you **received** emergency funds from ASU-Newport previously? YES NO

STUDENT FINANCIAL INFORMATION

Are you currently employed? YES NO

If YES, my current employer is: _____.

My monthly income is _____.

Marital status _____ Number of dependents _____.

Please complete the following income information:

Estimated Income (per month)

Earnings of Student	Amount
Earning of Spouse	
Parental Contribution	
Savings	
Child Support (Received)	
Total Estimated Income (per month)	

Have you applied for a Student Financial Assistance scholarship or grant to pay for any part of your tuition/fees at ASU-Newport? YES NO

How did you hear about ASU-Newport's Student Success Fund? _____

AUTHORIZATION

I certify that the information provided in the application is accurate. I hereby give ASU-Newport permission to release information about my major, grade point average, enrollment status, financial aid status, and other SSF eligibility criteria including my personal statement, if applicable, to those involved in the selection process.

I understand that my personal statement, or a portion of the statement, may be used in ASU-Newport promotional materials. Furthermore, I give ASU-Newport permission to use my biographical information, my personal statement, and/or photograph in promotional materials, media releases, and other college publications.

Student Signature _____ **Date** _____

Submit to: ASU-Newport, Office of the Vice Chancellor for Student Affairs, 7648 Victory Blvd, Newport, AR, 72112 or studentsuccessfund@asun.edu.

FOR OFFICE USE ONLY

Circle One: Approved or Denied

Amount Approved: \$ _____ Reason for Denial: _____

Reviewed By: _____ Date: _____