Loyola Academy Emergency Fund

Financial Hardship Application

No information will be shared with a third party except for processing or tax reporting purposes if an award is provided. Completed application materials will be retained by Loyola Academy's Director of Social and Emotional Support

Date of Application: _____

Student First Name:_____ Last Name:_____

Parent/Guardian Information

Parent/Guardian First Name:_____ Last Name:_____

Preferred Phone:_____ Alternative Phone:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Email: _____

Details of Emergency

1. Describe the circumstances surrounding the need for assistance. If possible, please include with this application any documents substantiating or supporting your need for assistance.

2. What is the dollar amount needed to work through this emergency?

3. Please share other comments or information that would be helpful in determining your request.

I certify that the information provided is true and correct to the best of my knowledge, and that any money received will be used to relieve the stated financial hardship. I agree to provide the Committee administering this program with documentation regarding my hardship upon request. I also understand that money received from this fund will be treated as taxable income and is a one-time award. Any intentional misrepresentation of information contained in this application or shared during its review will result in forfeiting this and any future application for assistance, possible disciplinary action and a potential demand for repayment of funds issued.

Furthermore, I understand that the completion of this application does not guarantee funding, and that if needed I will address any concerns or questions related to my application.

_____ _____

Parent/Guardian Signature Date

Please submit this form and supporting documentation to Mr. David Gaillardetz, Director of Social Emotional Support, at dgaillardetz@loyolaacademy.org or in person at Loyola Academy of St. Louis, 3851 Washington Ave. Every effort will be made to address your application based on the urgency of the need.

FOR ADMINISTRATIVE PROCESSING ONLY

Date Received: _____

Prior Award(s)? ☐ Yes ☐ No If yes, when? _____

Student Support Team Committee Decision: ☐ Approved ☐Declined

If Approved, Tuition Relief: ☐ Approved ☐Declined

OR In-Kind Relief ☐ Approved ☐Declined

Why? _____

Amount $:_____ Date Submitted for Disbursement:_____

Comments: