

# UIC JOHN MARSHALL LAW SCHOOL



## Law Student Emergency Fund

The Student Emergency Fund provides limited emergency financial assistance to currently enrolled law students who are experiencing an unanticipated, temporary hardship resulting from an emergency or crisis situation. Funds are distributed as grants that do not need to be repaid. Grants do not generally exceed \$250 and may not be available in every situation. The Student Emergency Fund is administered by the Office of Student Life.

### Eligibility Requirements

- Applicants must be enrolled in and attending classes during the term in which funds are requested.
- Applicants must be experiencing an unexpected financial hardship resulting from an emergency or crisis situation.
- Applicants must demonstrate that they have exhausted all other sources of funding (student loans, personal savings, people who owe you money, etc.) before applying for an emergency grant.
- Applicants must be able to document the funding requested.
- In most cases, applicants may not have received a grant in the previous 12 month period. Please consult with the Assistant Dean before applying if you would like to request an exception.
- Applicants must have a valid Social Security Number or Tax Identification Number as the amount of any awarded grant may be subject to requirements for reporting to the IRS as income to the student in a 1099-MISC. International students may consult with the Office of Admissions about obtaining a Social Security or Tax Identification Number.

### Eligible and Ineligible Expenses

The following types of expenses may be covered under the Student Emergency Fund, though this list is not exhaustive:

- Replacement of essential personal belongings due to fire, flood, theft, or natural disaster
- Textbooks or other necessary school supplies

- Medications or urgent medical care (not covered by insurance)
- Childcare
- Food, housing, or travel expenses

The following types of expenses are not eligible for coverage under the Student Emergency Fund:

- Tuition
- Student fees
- Fines or other legal expenses
- Entertainment, recreation, or non-emergency travel

### **Application and Award Process**

- A student who needs temporary financial assistance should schedule an appointment with Dr. Jennifer Pope, Assistant Dean for Student Life & Leadership ([jpope@jmls.edu](mailto:jpope@jmls.edu); 312.427.2737 ext. 435; S-208).
- The student should bring to the meeting a completed application (see below) and any documentation to substantiate the requested funding.
- Following discussion and review of the student's application with the Student Support and Emergency Team, the Assistant Dean will notify the student of the decision. In some cases, alternative resources may be provided instead of or in addition to financial assistance.

# Law Student Emergency Fund Application

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
School Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Academic Program (JD, LLM, MJ): \_\_\_\_\_ First semester at the law school: \_\_\_\_\_

How many credits are you enrolled in at the time of application?

Are you currently attending your class(es) regularly?

Please describe the emergency or crisis situation that is posing an unexpected hardship for you:

Please describe the type and amount of expense for which you're requesting emergency funding:

Which of the following possible resources have you utilized or investigated to assist you through this hardship? (Please check all that apply)

- Employment income
- Student loans
- Student scholarship
- Loans or gifts from family members
- People who owe me money
- Personal financial accounts
- Public benefits or other community resources
- Other (please explain: \_\_\_\_\_)

Have you received a grant from the Law Student Emergency Fund in the past?

- Yes (indicate term and year of previous grants: \_\_\_\_\_)
- No

**You must attach to this application form documentation of the expenses for which you're requesting funding, and any other documentation that will assist The Office of Student Life in understanding your situation.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by The Office of Student Life only:

Grant amount awarded:  
Reason grant not awarded:  
Additional resources discussed: