

# DIRECTOR'S CHOICE EMERGENCY GRANT



## STUDENT REQUEST FORM

### PROGRAM DETAILS

The Director's Choice Emergency Grant from Missouri Scholarship & Loan Foundation (MSLF) is designed to assist Missouri students who have an urgent financial need that may prevent the student from continuing a degree or program. Emergency grant amounts are up to \$1,500 and determined by the financial aid office.

### STUDENT ELIGIBILITY

- Missouri Resident.
- Undergraduate attending an eligible Missouri public or private higher education institution making Satisfactory Academic Progress (SAP) as defined by the school.

### REQUEST PROCESS

1. The student must complete the Director's Choice Emergency Grant Request Form provided by the financial aid office.
2. The student must submit a typed letter of 50 words or more describing the emergency situation and why funds are urgently needed.
3. Financial Aid Office will complete appropriate documentation with certification by the Financial Aid Director.
4. Once received, MSLF will consider the request. If the request is approved and funds are available, MSLF will process the request and generate funds to the Financial Aid Office. The Financial Aid Office will process these funds for the students using their institution's normal processes and procedures. Under certain emergency situations, MSLF may send funds directly to the student.

### OTHER INFORMATION

The Director's Choice Emergency Grant is administered by the Financial Aid Office, and students identified by the Financial Aid Director at each institution. While this grant is not 'need-based' as defined by federal financial aid regulations, the Financial Aid Office will be required to recommend a grant award based on the student's financial circumstances and other relevant factors. Grants are available at the discretion of the institution's Financial Aid Office, in accordance with program rules and applicable law. Award decisions are determined by MSLF, and available funds are limited. Requests will be considered as funding designated for this program remains available.

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Student Name

Date of Birth (mm/dd/year)

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Student Address

City

State

Zip

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Race/Ethnicity

Gender

EFC/SAI (Expected Family  
Contribution from  
FAFSA, or Student  
Aid Index)

Permanent Home Zip Code

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Name of Institution

Student Primary Email Address

Student Phone Number

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Degree Program

Anticipated Degree Completion Date

\_\_\_\_\_ **Initial** that you have attached a typed description of your urgent financial need (50 words or more).

\_\_\_\_\_ **Initial** that you understand that the award may be considered taxable income and that you should consult your tax advisor about your specific situation.

\_\_\_\_\_ **Initial** that you understand we may use your description of financial need and your first name on our website, in printed materials or any other way deemed appropriate by MSLF or MOHELA.

\_\_\_\_\_ **Initial** that you understand that your school may share information with MSLF regarding your enrollment status after receiving the grant. This information is used to determine the success of the grant in helping students.

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

**Please attach a statement of 50+ words describing your emergency situation and why funds are urgently needed.**

**FINANCIAL AID OFFICE: COMPLETE SCHOOL REQUEST FORM**

# DIRECTOR'S CHOICE EMERGENCY GRANT



## SCHOOL REQUEST FORM

### To Be Completed By The School Only:

Please check the student meets the following eligibility requirements:

- |   |  |
|---|--|
| <input type="checkbox"/> Student description meets criteria of an emergency | <input type="checkbox"/> Missouri resident     |
| <input type="checkbox"/> Making Satisfactory Academic Progress (SAP)        | <input type="checkbox"/> Undergraduate student |

### Check One: Delivery Method

- ACH to School (preferred)
- ACH to Student  
Only in extreme circumstances. Please request Supplemental Student ACH Form.

### Grant Amount Requested

\$ \_\_\_\_\_  
Maximum \$1,500.

### Student Name

\_\_\_\_\_

Please select **ONE** category that most closely describes the reason for the student's emergency request:

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Family Death/Disability | <input type="checkbox"/> Job Loss-Parents        | <input type="checkbox"/> Natural Disaster      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Insecurity         | <input type="checkbox"/> Job Loss-Self or Spouse | <input type="checkbox"/> Reduced Work          |                                      |
| <input type="checkbox"/> Housing Insecurity      | <input type="checkbox"/> Medical Issues          | <input type="checkbox"/> Transportation Issues |                                      |

Please also attach a description of the student's emergency situation and why funds are urgently needed. The statement of support can be from anyone at the school. Please submit both the student and school pages of the Request Form as well as the student's description of the emergency situation and the school's statement of support together. A roster will be emailed to the school indicating the ACH information. Institutions may fax the Request Form to 636.787.2771, email [info@moslf.org](mailto:info@moslf.org), or mail forms to 633 Spirit Drive, Chesterfield, MO 63005, Attn: Missouri Scholarship & Loan Foundation.

\_\_\_\_\_ **Initial** that you have attached a typed statement of support from the school.

I believe that the student listed above has an urgent financial need for the recommended grant funds in order to persist in pursuing a program of study at this institution.

\_\_\_\_\_  
Signature of Financial Aid Director

\_\_\_\_\_  
Email

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date submitted

## STUDENT: COMPLETE STUDENT REQUEST FORM



Missouri Scholarship & Loan Foundation | 633 Spirit Drive | Chesterfield, MO 63005-1243  
Phone: (636) 733.3716 | Fax: (636) 787.2771  
[info@moslf.org](mailto:info@moslf.org) | [www.moslf.org](http://www.moslf.org)

The program described herein may be modified, revoked or eliminated by the Missouri Scholarship & Loan Foundation without notice to the institution's students, or to any other party at any time and from time to time at the sole discretion of the Missouri Scholarship & Loan Foundation. Furthermore, the summary of the program contained herein is not intended as a comprehensive description of the program. The MSLF program is subject to certain additional terms and conditions. For additional information about the program, contact MSLF at 633 Spirit Drive, Chesterfield, MO 63005.