

The Sandra Little Groves Graduate Student Emergency Assistance Endowed Fund

Graduate School 209 Hovey Hall Campus Box 4040 Normal, IL 61790-4040 Telephone: (309) 438-2583 GraduateSchool@ilstu.edu

Nomination Form

The purpose of this fund is to retain graduate students who may need financial assistance in emergency situations that jeopardizes the student's degree completion within the time to degree limitations defined by the Graduate School policy.

Qualifications

Candidate must be a graduate student enrolled in a degree program who is in good standing at Illinois State University and has been nominated by the his/her academic program graduate coordinator.

Eliaibility

To be eligible to receive this award, this nomination must originate with the degree program's graduate coordinator who determines the need for financial assistance. Ideally, the student's academic department/school should provide matching funds or indicate a level of support that can or has been provided.

Instructions: The Graduate Coordinator of the student's degree program should complete this form, secure all signatures, and submit the completed form, along with any supporting documentation, to the Graduate School's Director of Graduate Studies to evaluate the award and the availability of funds.

The Director of Graduate Studies will notify the graduate coordinator and the graduate student regarding the acceptance or denial of the award. Awards will be deposited into the student's student account.

Student Information Name: UID ISU email Middle Local Address: Street City State Zip Phone Number Degree Program: Expected Graduation Date: Degree (check one): Master's MFA SSP Doctorate Nomination Semester/ Year: _____ Student's Financial Need \$______ Justification:_____ Assistance is being requested for the following: Student's signature: _____ Date: _____ **Certify Funding** I HEREBY NOMINATE the student named above to receive assistance from the Sandra L. Groves Emergency Assistance Fund. dept./school has agreed to provide \$_____ and/or the college of to assist this student. Printed name of Grad. Coord. Signature of Grad Coordinator Dept/School/college Date Printed name of dept./school chair Signature of dept./school chair Approved: **Director of Graduate Studies**

Office use only: Student is enrolled in a degree program and is in good standing?