NEW YORKERS FOR CHILDREN

CHARLES EVANS EMERGENCY EDUCATIONAL FUND APPLICATION AND GUIDELINES
Charles Evans Emergency Educational Fund Application

NEW YORKERS FOR CHILDREN
New Yorkers For Children (NYFC) works in partnership with the Administration for Children’s Services (ACS) to improve the prospects of children supported by the child welfare system and to engage New Yorkers in that effort.

Please visit our website www.newyorkersforchildren.org for more information about our programs.

CHARLES EVANS EMERGENCY EDUCATIONAL FUND
The Charles Evans Emergency Educational Fund is set up to help youth to complete or further their pursuit of an educational degree. Eligible candidates must have aged out of foster care in New York City and are no older than 27 years of age. The Fund assists these youth who encounter an unforeseen or unusual financial emergency that would prevent them from continuing their education without interruption. The Fund’s long-term goal is to use its financial resources to help a wide range of students to graduate from college. The Fund is not intended to be used for routine expenses or as a consistent supplement to a student’s educational funding source. Requests must be urgent in nature.

This fund was created to assist students facing a financial emergency due to:
- job loss
- loss of child care
- family illness or death
- theft of books or essential academic belongings
- other situations at the discretion of the committee

New Yorkers For Children will generally fund:
- overdue rent or emergency housing assistance
- overdue utility bills
- medical and dental bills for uninsured necessary procedures
- transportation
- books
- tuition assistance
- other items at the discretion of the committee

New Yorkers For Children will generally not fund:
- legal representation in criminal or civil proceeding
- cell phone, credit card, or cable/internet bills
- payments for rent or utilities not overdue
- routine transportation costs
- car payments
- payment or fines incurred from parking or traffic violations
- outstanding student loans
- child support
ELIGIBILITY REQUIREMENTS

To be eligible to apply for the Charles Evans Emergency Educational Fund, you must:

- Have aged out of foster care in New York City
- Not be older than 27 years of age
- Be working towards an Associate’s or Bachelor’s Degree
- Be currently enrolled in an accredited 2- or 4- year college/university
- Provide a transcript showing a GPA of 2.0 or above
- Be a full-time or part-time student
- Have successfully completed one semester of college
- Provide documentation of the reason funds are needed

GENERAL POLICIES

- If you receive funding, you will be required to sign a contract and respond to follow up emails
- Tuition payments will be made directly to the school
- Rent payments will be made directly to the landlord
- Repeat funding is not available for the same emergency

Students who have Exception to Policy are not eligible to apply

APPLICATION SUBMISSION

Please complete all sections of the application to be considered. If you have additional questions about the Fund, please contact Kimberly Weaver, Manager of Programs, at: kweaver@newyorkersforchildren.org or 646.257.2930.

COMPLETED APPLICATIONS SHOULD BE SUBMITTED TO PHYLLIS BRODSKY FOR REVIEW.

Tel: 212.341.3318  
Fax: 917.551.7374  
Email: Phyllis.Brodsky@acs.nyc.gov
APPLICATION COMPLETION CHECKLIST

☐ Completed Application Form (applicant has signed all documents)

☐ Official documentation of emergency that includes student’s name (ex: receipts/invoices, theft report, police report, overdue utility bill, statement from landlord with contact information, bill from school, etc.)

☐ Official letter verifying college enrollment (request from Bursar’s Office)

☐ Unofficial transcript showing GPA of at least 2.0 (printout is acceptable)

☐ Bursar’s receipt or other documentation of student’s current financial aid package

Please include all of the above application materials when submitting for consideration.
1. APPLICANT INFORMATION

Contact Information:
Applicant’s Name: ____________________            ___________________________            ___________________
                                      Last Name        First Name             Middle Initial
Date of Birth (MM/DD/YYYY): _______________________  Age: ______
Mailing Address: _________________________________________________________________________________
                                      Street                Apt
                                      __________________________________________
                                      City                   State      Zip Code
Email Address: ________________________________________
Cell Phone: _____________________ Home Phone: _____________________

Select one: Are you Hispanic/Latino    ☐ Yes    ☐ No
If Hispanic/Latino, select your background:
☐ Central American    ☐ Cuban    ☐ Dominican    ☐ Mexican
☐ Puerto Rican       ☐ South American  ☐ Other Hispanic/Latino  ___________

All applicants, please indicate your race:
☐ American Indian or Alaska Native    ☐ Asian    ☐ Black/African-American
☐ Native Hawaiian or Other Pacific Islander  ☐ White    ☐ Other ________________

Please select which gender you identify with:
☐ Male            ☐ Female            ☐ Non-Binary/Third Gender    ☐ Prefer Not to Say
☐ Prefer to Self-Describe _________________

How did you find out about the Charles Evans Emergency Educational Fund?
☐ ETV    ☐ NYFC Website    ☐ Other: ________________

IMPORTANT NOTE: Without your accurate contact information, New Yorkers For Children (NYFC) will not be able to
notify you if you are selected as a recipient. Please keep a copy of this application and send updated
contact information to NYFC if your address or other information changes during the application
period.
2. EDUCATION INFORMATION (Current Academic Year)

Name of College/University: __________________________________________________________

Status: □ Full-time   □ Part-time   Number of credits pursuing this semester: __________

Year: □ Freshman   □ Sophomore   □ Junior   □ Senior   Current GPA: ______

Receiving Education and Training Voucher (ETV) Funding: □ Yes   □ No   Amount: __________

If receiving ETV, what are you using the funds for? __________________________________________

3. FOSTER CARE AGENCY/WORKER INFORMATION

Date of Discharge from Foster Care: _________________

Name of Foster Care Agency: _______________________________________________________

Address: ______________________________________________________________________

City    State    Zip Code

Name of Agency Worker: ___________________________________________________________

Agency Worker Information: (____) ____________________  _____________________________

Phone Number     Email Address

4. STUDENT BUDGET: INCOME AND EXPENSES

Are you currently working? □ Yes   □ No

If yes, how many hours a week are you working? __________

_________________________________________  ________________________________

Name of Employer                            Phone Number

5. Have you applied for and received Funding for Charles Evans Emergency Fund? □ Yes   □ No

If Yes, how much did you receive? _________________________

What was the fund for? ____________________________

Please complete next sections with accurate and updated information.
### Monthly Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Rent</td>
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<tr>
<td>Con Edison</td>
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<tr>
<td>Cable/Internet</td>
<td></td>
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<tr>
<td>Cell Phone</td>
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<tr>
<td>Public Transportation</td>
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<tr>
<td>Food</td>
<td></td>
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<tr>
<td>Other (Please Specify):</td>
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<tr>
<td>Other (Please Specify):</td>
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### Monthly Income:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>ETV</td>
<td></td>
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<tr>
<td>ACS/ Agency Stipend (Please Specify)</td>
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<tr>
<td>Food Stamps</td>
<td></td>
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<tr>
<td>Public Assistance</td>
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<tr>
<td>Job (Pay Check)</td>
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<tr>
<td>Other (Please Specify)</td>
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<td>Other (Please specify)</td>
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### Award Package for Current Semester

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Pell</td>
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<tr>
<td>TAP</td>
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<td>Other (Please Specify)</td>
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<td>Other (Please Specify)</td>
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<tr>
<td>Other (Please specify)</td>
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### 6. SHORT RESPONSE SECTION

1. Amount of funds requested: $ _________________

2. Please describe why you are applying for emergency funds. Please be specific about what led to your current emergency? Attach supporting documentation.
3. Please describe how receiving these funds will help you to remain in school.

4. Emergency funds are intended to be one-time and short-term. How do you plan to avoid this situation in the future?

5. Have you applied for other funds since emergency? Yes □ No □
   If yes, please list date you applied for additional financial assistance: ___________

6. Please check all other areas that you have applied for assistance:
   □ Financial aid office □ Food stamps □ Other ___________
   □ NYCHA/HRA □ Agency Stipend □ Other ___________
   □ Public Assistance □ Other ___________

7. APPLICANT SIGNATURE

I affirm that all statements made on this application are true. I realize that a false statement or intentional omission of any material fact may cause me to be disqualified from eligibility for this scholarship.

Applicant Signature _________________________________ Date ____________________

New Yorkers For Children will follow up with all recipients via email to request a brief summary of how these funds have helped you to remain in college. This summary will be shared with the Charles Evans Emergency Educational Fund Committee and helps us to continue to offer these funds to support other youth.