NEW YORKERS FOR CHILDREN

EMERGENCY FUND APPLICATION AND GUIDELINES
NYFC Emergency Fund Application

NEW YORKERS FOR CHILDREN
As the nonprofit partner to the Administration for Children Services, New Yorkers For Children protects, ensures, and promotes the safety and well-being of NYC’s children and families, with an emphasis on youth in foster care. Please visit our website www.newyorkersforchildren.org for more information about our programs.

EMERGENCY FUND
The New Yorkers For Children Emergency Fund (Fund) is set up to help youth complete or further their pursuit of an educational degree. Eligible candidates must be in care in New York City. 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:
• Loss of or ineligibility to receive financial aid
• 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 and school supplies
• 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 Emergency Fund, you must:

• Be in foster care in New York City
• Be working towards an Associate's Degree, Bachelor's Degree, or Certificate
• Be currently enrolled in an accredited 2- or 4- year college/university or vocational program with a minimum duration of 90 days
• Be a full-time or part-time student
• 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

APPLICATION SUBMISSION

All applications must be submitted by an Agency staff member on behalf of the student applying so that we can have verification of the student’s foster care status. Please complete all sections of the application to be considered.

All applications should be submitted to program@newyorkersforchildren.org.

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 or vocational program 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 In-Care Emergency Educational Fund?

☐ Agency  ☐ 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 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

Length of Time in 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

Have you applied for and received funding from the emergency fund before?  □ Yes  □ No

If Yes, how much did you receive? ______

What was it used for? __________________________________________

Please complete next sections with accurate and updated information.
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<th>Monthly Expenses:</th>
<th>Amount</th>
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<td>Rent</td>
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<td>ETV</td>
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<td>ACS/ Agency Stipend (Please Specify)</td>
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<td>Food Stamps</td>
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<td>Public Assistance</td>
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<tr>
<th>Award Package for Current Semester</th>
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<td>TAP</td>
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<td><strong>Total</strong></td>
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5. **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 the 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
   □ NYCHA/HRA
   □ Public Assistance
   □ Food stamps
   □ Agency Stipend
   □ Other____________
   □ 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 Emergency Fund Committee and helps us to continue to offer these funds to support other youth.