



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
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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
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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.

Monthly Expenses:	Amount
Rent	
Con Edison	
Cable/Internet	
Cell Phone	
Public Transportation	
Food	
Other (Please Specify)	
Other (Please Specify)	
Total	

Monthly Income:	Amount
ETV	
ACS/ Agency Stipend (Please Specify)	
Food Stamps	
Public Assistance	
Job (Pay Check)	
Other (Please Specify)	
Other (Please specify)	
Total	

Award Package for Current Semester	Amount
Pell	
TAP	
Other (Please Specify)	
Other (Please Specify)	
Other (Please specify)	
Total	

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:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Financial aid office | <input type="checkbox"/> Food stamps | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> NYCHA/HRA | <input type="checkbox"/> Agency Stipend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> 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.