

## **Undergraduate Student Microgrant Application Dean of Student Office**

The University of Massachusetts Amherst Undergraduate Student Emergency Grant Fund Program seeks to provide quick response emergency microgrants to matriculated undergraduate students in good standing for unexpected financial emergencies, hardship, and/or unforeseen personal/family emergencies.

To apply for a microgrant, you must complete a Microgrant Application. Applications can be found at: [http://www.umass.edu/dean\\_students/dean-students-office-forms](http://www.umass.edu/dean_students/dean-students-office-forms)

- Provide all requested information, sign, and date the application
- Answer each of the four questions
- Include any relevant documentation:
  - Receipts directly related to the emergency expense
  - Proof of loss of job, income, etc.
  - Proof of damages incurred
- Complete the Budget Sheet
- Drop-off application to the Dean of Students Office in Whitmore 227

The UMass Amherst Undergraduate Student Emergency Grant program is funded via the Student Care and Emergency Response Fund, <https://minutefund.umass.edu/project/5670>. Funding is limited each semester; it is possible that microgrant requests will not be funded. Some of the reasons we may deny a microgrant application:

- Incomplete Application.
- Application lacks supporting documentation.
- Application does not clearly explain how the grant will resolve the described financial emergency.
- The Student is not an active undergraduate student according to records.
- The Student's Bursar bill is unpaid or student is behind in a payment plan.
- The Student has other holds on SPIRE account that prevents enrollment or the Add/Drop of classes.
- The Student has already maxed out financial aid for the semester; i.e., the financial aid award has already met the calculated "unmet need."
- The Student is not making sufficient academic progress (credits earned); or, cumulative GPA is less than 2.0.
- Insufficient funds available in this fund.

Note: A student may apply for a short-term loan from the Dean of Students Office while waiting to find out about the approval of the microgrant application, which may take up to two weeks to review.

- If a loan is approved, the student must have an alternative plan to pay back the loan if the microgrant is denied.
- If the microgrant is approved, the student must agree to use the grant to pay back the short-term loan.
- Please contact the Dean of Students Office (227 Whitmore Administration Building) for more information about emergency loans.

**The University of Massachusetts Amherst Undergraduate Student Emergency Grant Fund Program** seeks to provide quick response emergency microgrants to matriculated undergraduate students in good standing for unexpected financial emergencies, hardship, and/or unforeseen personal/family emergencies.

- The program's long-range goal is to ensure access by the widest range of students in need. This grant fund is made possible by the [Student Care and Emergency Response Fund](#) and its generous donors.
- The Dean of Students Office (DOSO) manages this program by reviewing and awarding grants by a Chaired Committee to eligible students on a case-by-case basis. A student may be awarded only once per academic year. The maximum amount for a grant is \$500.00.

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*The information requested below will help determine your eligibility for this grant.*

**PLEASE PRINT OR TYPE:**

Date of Request: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
(Maximum \$500)

Student First & Last Name: \_\_\_\_\_

SPIRE ID #: \_\_\_\_\_ Primary Academic Major: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell/Home phone: \_\_\_\_\_ UMass Amherst Email: \_\_\_\_\_

I am currently registered for \_\_\_\_\_ credits

Expected Graduation: \_\_\_ Spring / \_\_\_ Summer / \_\_\_ Fall, 20\_\_\_\_

Cumulative GPA: \_\_\_\_\_

**PLEASE SEE NEXT PAGE TO COMPLETE APPLICATION**

**STATEMENT OF NEED:**

1. Briefly explain the nature of your financial emergency, and how the grant you are requesting will be used. *(If you need more space, please use other side or attach statement).*

2. How would this grant assist you in overcoming the financial emergency you are facing?

3. Do you have documentation of the above emergency or can you obtain such documentation (e.g., police report, medical bill, court dispossession notice, unemployment notice, etc.)?

\_\_\_\_\_Yes \_\_\_\_\_No

*\*\*\*Please note that documentation is extremely important in the review process!*

4. What efforts have you made to procure financing from other sources?

5. Please complete this budget sheet so we have a better understanding of your funding sources and expenses:

**Monthly Income**

Item	Amount	Notes
Financial Aid Refund for Current Semester		
Job 1: _____		
Job 2: _____		
Job 3: _____		
Benefits (Social Security, SNAP, G.I. Bill, TANF, etc.)		
Other: _____		

**Fixed Expenses (per month)**

\*\*\*Only if you live off-campus should you include rent, utilities etc. We can review on-campus expenses in SPIRE.

Item	Amount	Notes
Tuition Payment Plan (only if you are paying directly, don't include if someone else is paying tuition for you)		
Rent/Mortgage (off-campus)		
Renter's/Home Insurance		
Car Payment		
Car Insurance		
Childcare		
Loan Payments		
Other: _____		

**Variable Expenses (average per month)**

Item	Amount	Notes
Utilities (Electric, water, gas, etc.)		
Groceries		
Toiletries/Household Items		
Other Needed Household Items		
Medical Bills/Medication		
Other: _____		
Other: _____		

**Other Expenses (average per month)**

Item	Amount	Notes
Internet		
Cable		
Cell Phone		
Subscriptions (Netflix, Spotify, etc.)		
Dining Out		
Other: _____		
Other: _____		

6. If approved, this grant could affect your Financial Aid or Federal Income Taxes.

*The amount of any grant provided may be considered taxable income and reported on a tax form 1098-T. Students are encouraged to contact a tax professional to make a determination on whether or not this grant is taxable. Federal loans may be reduced by the amount of this award. If awarded, this grant does not require re-payment.*

Initial to agree to these terms: \_\_\_\_\_

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I, the undersigned, certify that the information provided on this application is true:

Applicant Name \_\_\_\_\_ (please print/type)

Applicant Signature \_\_\_\_\_ (please sign)      Date \_\_\_\_\_

**Dean of Students Office Staff, please check the box when the step is complete:**

Log Application in Voice     Upload Application in Box     Add Application to Data Sheet in Box

**Microgrant Committee, please complete the following:**

Financial Aid Information: \_\_\_\_\_

Outstanding University Bills: \_\_\_\_\_

SPIRE Holds: \_\_\_\_\_

Other: \_\_\_\_\_

Approve: \$ \_\_\_\_\_     Deny     Pending

Review Date: \_\_\_\_\_

Notes:

Completed applications should be submitted to the Dean of Students Office in Whitmore 227. The review committee meets every other Thursday during the semester. If you have additional questions, please contact Associate Dean of Students Kelly Gray at [gray@umass.edu](mailto:gray@umass.edu) or 413-545-2684.