



### Blue Jays Emergency Funds Program Review

Thank you for your involvement with the Blue Jays Emergency Fund Program review process. We ask for you to submit your response to the Foundation Director within two (2) business days of receiving the student's application to ensure the student with the urgent financial need is assisted as quickly as possible.

#### BJEF Program Checklist

\_\_\_\_\_ **Completed and signed application by student and Student Services Advisor**

\_\_\_\_\_ **If applicable – Documentation verifying urgent financial situation**

#### **Advisor verified:**

\_\_\_\_\_ **Student enrolled in 6 or more credits**

\_\_\_\_\_ **Student is in good academic standing (2.0 GPA or above)**

\_\_\_\_\_ **Student is degree seeking**

#### **Does the student's situation fall under any of the following eligible categories? (Check all that apply)**

\_\_\_ Transportation/Gas/Vehicle Repairs

\_\_\_ Child Care

\_\_\_ Housing/Rent (eviction notice)

\_\_\_ Utilities (shut-off notice)

\_\_\_ Food Emergency

\_\_\_ Medical/Dental

\_\_\_ Technology/Access Issues

\_\_\_ Items needing replacing due to crime, natural disaster, or accident

**Does the student's situation fall under any of the ineligible categories? (Check all that apply)**

Violation of law or legal fees

Credit Card payments

Non-essentials

Replacement of items not due to natural disaster, accident, or crime

**If the situation does not fall under any of the eligible categories above, would you consider it to be an unforeseen expense that, if not resolved quickly, could impact the student's ability to attend class or remain enrolled at Minnesota West? Please explain:**

**If you have selected any ineligible criteria above but believe the student's expense should be supported by the BJEF please explain:**

Bases on your assessment, please indicate whether the application for the BJEF program should be approved or denied:

**Approved**

**Amount \$** \_\_\_\_\_

*This should be the minimum amount necessary to help alleviate the student's situation, not to exceed \$500. It may not necessarily be the amount requested by the applicant.*

**Denied**

**Official Reasoning:**

Review Committee Signature: \_\_\_\_\_

Review Committee Signature: \_\_\_\_\_

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