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: ________________________