

**ECONOMIC CRISIS RESPONSE GRANT APPLICATION**

**Eligibility**

A student under consideration for the Economic Crisis Response (ECR) grant must:

- be a currently enrolled undergraduate or graduate student at the University of California, Irvine;
- demonstrate a financial crisis that is affecting their access to housing, food, medical and/or mental health care.

***Case-specific, university interventions (e.g., fee deadline extensions, payment plans, rent deferment, available financial aid loans, emergency meals, etc.) should be utilized first to address a student’s financial crisis.***

If the case-specific interventions alone cannot address the financial crisis, students may be awarded one-time grants through the Economic Crisis Response Team (ECRT). The ECR grant is not to exceed \$1,000 amount per individual, as the funds are not long-term financial solutions.

Financial Aid	
	<b>Prior to submitting this application, I have spoken with a financial aid counselor in order to discuss my financial crisis and options for aid.</b>
Initials	<b>(PLEASE NOTE YOUR APPLICATION WILL NOT BE REVIEWED UNLESS THIS HAS BEEN DONE.)</b>
Name of Your Financial Aid Counselor:	
Date of Your Communication:	
Outcome of Communication (e.g., other loans available for me, directed to apply for ECR grant, etc.):	

Student Information		
Name (Last, First):	Date of birth:	UCI student ID:
Address:		
Phone number:	E-mail address:	
Academic level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> 5 <sup>th</sup> -year Senior <input type="checkbox"/> Graduate Student		
Major:	Cumulative GPA:	
Amount requested:	Purpose of requested funds (e.g., rent, food, medical care):	

**Required Information**

Please provide the ECRT with:

- disclosure about which on-campus department(s) referred you to the ECRT. A representative from this department will be invited to participate in the ECRT meeting, as they may be able to provide additional background information about your financial crisis.
- information about why you are requesting grant funding and what is your long-term funding plan;
- a budget worksheet;
- a current financial aid award letter;
- a current bank statement;
- documentation to support your special circumstances (e.g., academic advisor’s note, police report, medical letter, etc.);

Please note the following:

- Departments, such as the Student Health Center, the Counseling Center and the Campus Assault Resources and Education office, will need to obtain their own releases of information in order to participate in the discussion.
- The ECRT includes co-chairs from the Campus Social Worker office and Financial Aid & Scholarships, the referring department, as well others who may be privy to your current financial stressors, such as Financial Billing Services and Housing.

**Referring Department**

<input type="checkbox"/> School/Department: _____	<input type="checkbox"/> Housing: _____
<input type="checkbox"/> Campus Assault Resources & Education	<input type="checkbox"/> International Center
<input type="checkbox"/> Campus Recreation	<input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender Resource Center
<input type="checkbox"/> Campus Social Worker	<input type="checkbox"/> Office of Academic Integrity & Student Conduct
<input type="checkbox"/> Career Pathways	<input type="checkbox"/> Office of Equal Opportunity & Diversity
<input type="checkbox"/> Center for Black Cultures, Resources & Research	<input type="checkbox"/> Police Department
<input type="checkbox"/> Center for Student Wellness & Health Promotion	<input type="checkbox"/> Professors and/or Teaching Assistants
<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Registrar’s Office
<input type="checkbox"/> Counseling Center	<input type="checkbox"/> Student Health Center
<input type="checkbox"/> Cross Cultural Center	<input type="checkbox"/> Student Outreach and Retention Center
<input type="checkbox"/> Disability Services Center	<input type="checkbox"/> Student Support Services
<input type="checkbox"/> Dreamers Resource Center	<input type="checkbox"/> Transfer Student Center
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Veteran Services Center
<input type="checkbox"/> Financial Billing Services	<input type="checkbox"/> Vice Chancellor of Student Affairs Office
<input type="checkbox"/> FRESH Basic Needs Hub	<input type="checkbox"/> Women’s Hub
<input type="checkbox"/> Graduate Division	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hospitality & Dining Services	<input type="checkbox"/> Other: _____

**Purpose of Request and Long-Term Funding Plan**

1. Please provide an explanation as to why you are requesting these funds. How is your access to housing, food, medical and/or mental health care being affected?
2. What other resources have you utilized to address your current situation?
3. How will you utilize the Economic Crisis Response grant funding if your application is approved? Please provide a **specific, dollar amount breakdown** of how the funding will be used.
4. What is your long-term plan for funding? How do you plan to return to financial stability?

**Budget Worksheet**

<b>INCOME</b>	<b>Monthly</b>
From Jobs (after taxes)	
From Parents/Family	
From Financial Aid (if receiving a disbursement after tuition & fees are paid)	
Miscellaneous Income	
Other (please specify):	
Other (please specify):	
<b>Total Income</b>	

<b>FIXED EXPENSES</b>	<b>Monthly</b>
Rent/Housing	
Food	
Car Payment	
Car Insurance	
Loan/Credit Card Payments	
Cell Phone	
Utilities	
Other (please specify):	
Other (please specify):	
<b>Total Fixed Expenses</b>	

<b>FLEXIBLE EXPENSES</b>	<b>Monthly</b>
Eating Out	
Clothing	
Books	
Entertainment	
Public Transportation or Gas	
Other (please specify):	
Other (please specify):	
<b>Total Flexible Expenses</b>	

**Submission of Application**

Please complete and submit your application and supporting documentation to both the co-chairs of the ECRT:

- Brenda Lapinid ([brenda.lapinid@uci.edu](mailto:brenda.lapinid@uci.edu)) – Campus Social Worker, Supervisor, Wellness, Health & Counseling Services
- Lizzy Macias Craney ([liz.craney@uci.edu](mailto:liz.craney@uci.edu)) – Financial Aid Counselor, Office of Financial Aid and Scholarships

**Application Decision**

- An ECRT member will notify you of the committee’s decision regarding your application.
- If approved for the ECR grant, you are required to e-mail receipts that show your expenses you are using the funds to cover. Please send these receipts to Brenda Lapinid ([brenda.lapinid@uci.edu](mailto:brenda.lapinid@uci.edu)). **FAILURE TO PROVIDE THIS DOCUMENTATION IN A TIMELY MANNER MAY RESULT IN A FINANCIAL HOLD ON YOUR RECORD.**

**Certification Statement**

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the review process for the Economic Crisis Response grant is complete, accurate and true to the best of my knowledge. I also understand that furnishing false information may result in revocation of my grant funds or may result in disciplinary action pursuant to the UC Irvine Code of Student Conduct.

Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I understand the information I provide on this application, supplemental documentation submitted and any matters that are discussed regarding my situation and request for grant funding will remain private within the Economic Crisis Response Team.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**Economic Crisis Response Team Use Only**

Approved

Amount approved: \$ \_\_\_\_\_

Denied

Committee Member and Department:

- 1) Brenda Lapinid, Wellness, Health & Counseling
- 2) Lizzy Macias Craney, Financial Aid & Scholarships
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Signature:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Date applicant is notified of decision:

Comments/Reason for Denial: