



EST. 1908

**SUNY MORRISVILLE**  
MORRISVILLE COLLEGE FOUNDATION

**Student Hardship Fund  
Application**

**Applicant Information:**

**Name:** \_\_\_\_\_ **M#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

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

**Local Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Academic Information:**

**Current Program/Year at SUNY Morrisville:**

\_\_\_\_\_  
**Current GPA:** \_\_\_\_\_

**Amount Requested: \$**

(Please note that limited funding is available in order for the Hardship Fund to help as many students as possible on campus.)

**Please include a short essay describing your hardship at SUNY Morrisville and how the funds from this program will help your situation. Hardship must be verified by a professor, advisor, or staff member.**

..... **I agree to permit all my application materials to be viewed by each member of the scholarship selection committee.**

**Student Name (Print):** \_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verifying Person (Print):** \_\_\_\_\_

**Please state how you became aware of student's need:** \_\_\_\_\_

\_\_\_\_\_  
**Verifying Person Contact Info:** \_\_\_\_\_

**Verifying Person Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and return to: Institutional Advancement Office, SUNY Morrisville, Whipple Administration Bldg. 103-111, Morrisville, NY 13408 (315) 684-6020**