



## Student Emergency Scholarship Application

The Student Emergency Scholarship is available to any degree-seeking UNM student who can demonstrate critical financial need for the current semester. Selected undergraduate students will be awarded up to \$500 and selected graduate/professional students will be awarded up to \$500.

### **Submission Requirements**

*Completed applications must have the following:*

- One-page personal statement expressing the situation that created the emergency and how this scholarship will support your educational goals. **Please note:** this scholarship will first be applied to any balance on your Bursar's account.
- Supporting documentation that will assist the committee in making its decision.
- Current unofficial transcript, which establishes you have a GPA of 2.0 or higher, or that you are a first semester freshman.
- Completed application form, page 2.

### **Application Cycle**

- Scholarships are available from the 1st - 10th of the following months:
  - September and November in the fall semester
  - February and April in the spring semester
- Applications must be completed and received by the 10th of the month you are applying for.
- Upon submitting the application, you must schedule an appointment with the selection committee.
- Meeting must take place before the 15th of the month you are applying for.

### **Scholarship Process**

- Submit completed application packet to [elcentro@unm.edu](mailto:elcentro@unm.edu)
- Once application is verified to be complete, we will reach out to you to schedule an appointment with part of the selection committee consisting of two El Centro staff members.
- If awarded:
  - You will be notified via your UNM email and award will be processed in your UNM Bursar's account approximately within 2 weeks.
  - You will be requested to submit a thank you letter to El Centro de la Raza, briefly stating the impact of the scholarship.

Please note that in order to continue providing resources for as many students as possible, if you are awarded the scholarship you are not eligible to apply for another scholarship during the current Academic Year. For any questions please email us at [elcentro@unm.edu](mailto:elcentro@unm.edu) or call (505)277-5020.

Thank you and good luck!

*Funding provided by the Student Fee Review Board*



Name: \_\_\_\_\_ UNM ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ UNM E-mail: \_\_\_\_\_ Applying for: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

Classification: \_\_\_\_\_ Semester Credit Hours: \_\_\_\_ Residency: \_\_\_\_\_

Are you a past recipient of an El Centro Scholarship: \_\_\_\_\_ If yes, when? \_\_\_\_\_

Annual household income: \_\_\_\_\_ Number of family members in household: \_\_\_\_\_

How did you learn about this scholarship? \_\_\_\_\_

The following demographic information is voluntary and not collected for purposes of determining a student's eligibility:

Single Parent: \_\_\_\_\_ Veteran: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnic Group(s): \_\_\_\_\_

UNM Staff: \_\_\_\_\_ First generation (neither parent received a Bachelor's degree)? \_\_\_\_\_

I understand that scholarship recipients are only allowed one scholarship award per academic year. If awarded, it may take up to two weeks to process.

All the information on this application, and attached to this application, is true and complete to the best of my knowledge. I understand that the Student Emergency Scholarship will count as a resource toward my overall cost of attendance and may affect my financial aid. I do hereby consent to the release of information concerning my academic and financial status to El Centro staff. I understand my story as well as some quotes from my thank you letter may be anonymously used for future scholarship fundraising.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The University of New Mexico prohibits discrimination, harassment, or related retaliation based upon a protected class including age, ancestry, color, ethnicity, gender, gender identity (including gender expression), genetic information, national origin, physical or mental disability, pregnancy, race, religion, serious medical condition, sex, sexual orientation, spousal affiliation, and veteran status.

**For Office Use Only**

Supporting Documentation Provided: \_\_\_\_\_ Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Options Explained: \_\_\_\_\_ Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_ Amount: \_\_\_\_\_