**INSTRUCTIONS:** Complete all the information below and **electronically submit** this completed form along with your detailed GoldLink Statement of Specific Charges to [maturo@etsu.edu](mailto:maturo@etsu.edu). *Incomplete forms or forms without GoldLink information will be returned and will not receive consideration*.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Form Submitted: | | | | Click or tap to enter a date. | | | |
| Academic Year of Funding: | | | | Choose an item. | | | |
|  | | | | | | | |
| 1. What is your current status? | | | | | | | Choose an item. |
| 1. If you are a graduate student, are you a graduate assistant? | | | | | | | Choose an item. |
| 1. If you are a graduate student, do you have a tuition scholarship? | | | | | | | Choose an item. |
| 1. Are you an international student? | | | | | | | Choose an item. |
|  | | | | | | | |
| 1. Please provide the following contact information. | | | | | | | |
| First Name: | | Click or tap here to enter text. | | | | | |
| Last Name: | | Click or tap here to enter text. | | | | | |
| Student ID (E#): | | Click or tap here to enter text. | | | | | |
| ETSU E-mail: | | Click or tap here to enter text. | | | | | |
|  | | | | | | | |
| 1. Please provide the names of the college and department where your program/major is located. | | | | | | | |
| College: | Click or tap here to enter text. | | | | | | |
| Department: | Click or tap here to enter text. | | | | | | |
|  | | | | | | | |
| 1. Please provide the following academic information. | | | | | | | |
| Number of Credit Hours Currently Enrolled: | | | | | | Click or tap here to enter text. | |
| GPA: | | | | | | Click or tap here to enter text. | |
|  | | | | | | | |
| 1. Please provide a brief explanation for why you are requesting support from this office. (*Attach additional information if needed.*) | | | | | Click or tap here to enter text. | | |
|  | | | | |  | | |
| 1. Please provide other funding sources and amounts you have already secured related to this request (if none secured, please type “None” in the Funding Source box and “$0” in the Amount Secured box. | | | | | | | |
| Funding Source: | | | Click or tap here to enter text. | | | | |
| Amount Secured: | | | $ Click or tap here to enter text. | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please provide specific information on the type and amount of funding you are requesting from our office. | | | |
| Tuition: | | | $ Click or tap here to enter text. |
| Program Fees: | | | $ Click or tap here to enter text. |
| Books: | | | $ Click or tap here to enter text. |
| Supplies: | | | $ Click or tap here to enter text. |
| Other (Please describe in the box below: | | | $ Click or tap here to enter text. |
| Other description (if applicable): | | Click or tap here to enter text. | |
|  | | | |
| **\*TOTAL REQUEST:** | | | $ Click or tap here to enter text. |
|  | | | |
| *\*Total request may not exceed $2,000. Please remember we are* ***not*** *able to provide funding for parking fees, late fees, campus housing, meals/meal plans, or for personal expenses, such as rent, utility bills, health insurance, medical bills, etc.* | | | |
|  | | | |
| 1. Please provide your printed and signed name. By signing this form, you affirm:  * The information you have provided is accurate and complete. * You have read the “Student Success & Innovation Scholarship Information and Application Requirements” and believe you are eligible for funding consideration. | | | |
|  | | | |
| Printed Name: | Click or tap here to enter text. | | |
| Signature: |  | | |

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| --- |
| \*\*Section below to be completed within the Office of Equity and Inclusion\*\* |

# Review Committee Funding Recommendation

|  |  |  |
| --- | --- | --- |
| Do Not Support | Reason: |  |
| Support | Amount Recommended: |  |

# Final Vice President Decision

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do Not Support | | Reason: |  | | |
| Support | | Amount Recommended: |  | | |
| VP Signature: |  | | | Date Signed: |  |

# Internal Office of Equity and Inclusion Funding Information

|  |  |  |  |
| --- | --- | --- | --- |
| Index Number(s): |  |  |  |
| Amount: |  |  |  |