**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. *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: |  |

|  |
| --- |
| \*\*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: |  |  |  |