



NORTHWESTERN
UNIVERSITY

SCHOOL OF
CONTINUING
STUDIES

Emergency Grant Application Form

Name: _____

Address: _____ City: _____

State: _____ Zip code: _____ E-mail: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Colleges/universities attended (other than SCS):

<i>Institution</i>	<i>Dates of Attendance</i>	<i>Credits/Degree Earned</i>
_____	_____ -- _____	_____
_____	_____ -- _____	_____
_____	_____ -- _____	_____
_____	_____ -- _____	_____

GPA at SCS (if applicable): _____ Intended major: _____

Expected graduation date (month/year): _____

Employer: _____

Job title (if applicable): _____

Describe the situation that necessitates requesting an emergency grant. Please attach any supporting documentation (i.e. unemployment letter, letter of separation from employment, foreclosure notice, etc.).

Have you ever received an SCS scholarship? ☐ Yes, term _____ ☐ No

I certify that the information contained on this application is correct. I understand that if any information provided on this application is found to be inaccurate, my scholarship may be revoked.

Signature: _____ Date: _____

Return to: Northwestern University School of Continuing Studies
Undergraduate Scholarship Committee
339 East Chicago Avenue
Wieboldt Hall, 6th Floor
Chicago, Illinois 60611