

FASE Grant Request Procedures and Requirements

The Fund to Aid Students of Elizabethtown (FASE) assists students with emergency, temporary, and unexpected expenses. Assistance may be given only once per individual and must be related to the educational experience. The student for whom the grant is requested must submit the information request form to the Chair of the Application Screening and Grants Committee. It must be completed clearly so that it can be copied and distributed to the Committee members for consideration.

Accompanying each request form must be a letter of support and need verification written by a faculty or staff member (e.g. Chaplain, guidance counselor, coach), parent, employer, clergy, etc.

Who is eligible?

- All full-time students at Elizabethtown College
or
- Residents of Elizabethtown, PA who are full-time undergraduate students in any other accredited college or university's undergraduate program.

How can a student apply?

- Students must fill out an application listing their reason for need and the specifics of the need, including the total desired assistance needed and where payment can be made. (No money will be given directly to a student for assistance.)
- Obtain and submit a letter of support and need verification written by a faculty or staff member (e.g. Chaplain, guidance counselor, coach), parent, employer, clergy, etc.

Additional Policies

- Only one grant will be given per recipient student by FASE
- FASE will not pay for tuition, room or board, institution fees or texts (i.e. costs covered by financial aid packages).
- Grants will only be given if the need for financial aid is thoroughly established in the request letter.
- All request letters and support letters must be sent to:

Amy Shorner-Johnson (shornera@etown.edu; 717-361-1260)
FASE Application Screening and Grants Committee
Brossman Commons 254
Elizabethtown College, One Alpha Drive
Elizabethtown, PA 17022-2298

FASE Grant Request Information Form

Student's Full Name: _____

Student's School Address: _____

Student's School Phone #: _____

Student's Home Address: _____

Name of Educational Institution: _____
City _____ **State** _____

Institution Phone : _____

Current GPA: _____ out of _____

Itemized List of Specific items/services and associated costs:

List Specific Recipients of Checks and addresses:

Describe in at least one paragraph exactly why this financial needs exists at this time.
(e.g. health emergency, loss of employments, unplanned course expenses, ect)

Describe what the student is doing to help pay for his/her educational program
(e.g. campus employment, summer job, part-time work, etc).

Signature of applicant

Date