

HENDRIX COLLEGE * GUTHRIE FUND * APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT INFORMATION

Name:

Student ID:	DOB:	Cell Phone:
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Campus Address:

Classification:	Major:	Advisor:
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EMPLOYMENT INFORMATION

Current Employer:

Employer Address:

Telephone:	Fax:	E-mail:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Monthly Income:

EMERGENCY CONTACT *(COMPLETE IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE)*

Name of a relative not residing with you:

Address:

City:	State:	Zip Code:
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BASIC NEED(S) REQUESTED

Personal Care Item(s):

Clothing/Shoes/Accessories:

Health Appointment(s):

RX: *(Do you need assistance with refills? Please indicate)*

Transportation: <i>(To/From)</i>	Date:
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Other: *(Please be Specific)*

CAMPUS REFERENCES

Financial Aid Rep:	Telephone Extension:	Approved: [] Yes [] No
Student Accounts Rep:	Telephone Extension:	Approved: [] Yes [] No
Other Rep:	Telephone Extension:	Approved: [] Yes [] No

SIGNATURES

I authorize the verification of the information provided on this form as to my academic or basic needs. **I have attached a copy of my Hendrix College Financial Aid Award notification** for verification of need with any outstanding balance. I give permission for the Guthrie Fund Committee to contact my references listed above.

Signature of Applicant:	Date:
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Signature of the Guthrie Fund Chair:	Date:
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*Please return this application to the Office of Religious Life in STLC 133 or to mulhearn@hendrix.edu Questions? Please contact the Guthrie Fund Chair, Rev. Ellen Alston, alston@hendrix.edu or 501-450-3801.