

HENDRIX COLLEGE * GUTHRIE FUND * APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT INFORMATION

Name:		
Student ID:	DOB:	Cell Phone:
Campus Address:		
Classification:	Major:	Advisor:
Are you an Aspire Scholar? [] Yes [] No	Are you a 1 st generation college student? [] Yes [] No	

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		
Telephone:	E-mail:	Fax:
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:		Phone:
City:	State:	ZIP Code:

BASIC NEED(S) REQUESTED

Personal Care Item(s):
Clothing/Shoes/Accessories:
Health Appointment(s):
RX: <i>(Do you need assistance with refills? Please indicate)</i>
Transportation: <i>(To/From)</i> Date:
Textbooks: <i>(Check with professors and the library before you apply for assistance).</i>
Other: <i>(Please be Specific)</i>

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:
Signature of the Guthrie Fund Chair (Rev. J.J. Whitney)	Date:

*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. J.J. Whitney at whitney@hendrix.edu or 501-450-3801