

# MCLA

Massachusetts College of Liberal Arts

## Charlotte Degen Student Aid Fund Request

This fund was established to assist students experiencing an emergency need for funds. Please note, checks will be made payable to the agency providing the service.

Name: \_\_\_\_\_ Fr., Soph., Jr., or Sr.

A#: \_\_\_\_\_ MCLA Box #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local or Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please describe the reason for your request in detail. Additional sheets may be attached as necessary. Any documentation that supports your request should also be attached.

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Please indicate to whom the check should be made payable: \_\_\_\_\_

By signing this application you certify that the information you provided is true and complete to the best of your knowledge.

Student Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Initials Fin. Aid: \_\_\_\_\_

Request Approval: \_\_\_\_\_