

**COLLEGE OF STATEN ISLAND  
Carroll and Milton Petrie Student Emergency Grant Program**

**Application**

The *College of Staten Island Petrie Student Emergency Grant Fund Program* seeks to assist eligible students coping with an unexpected hardship, so that they may continue their education at the College of Staten Island and become financially aware and responsible for their continued education. The program's long-range goal is to ensure access to the widest range of students its available financial resources with the goal of student retention and graduation.

The CSI Foundation, the recipient of this grant fund from The Carroll and Milton Petrie Foundation, co-sponsors this program with the Division of Student and Enrollment Services.

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The information requested below will help determine your eligibility for this grant.

**Please note that this grant may not be applied to tuition costs.**

**PLEASE PRINT:**

Date of request: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Cell/home phone: \_\_\_\_\_

Student Status: \_\_\_ Graduate: \_\_\_ Undergraduate

E-mail address: \_\_\_\_\_

**STATEMENT OF NEED:**

1. Please briefly explain the nature of the emergency, and how the grant you are requesting will be used. *(If you need more space, please use other side or attach statement)*

**PLEASE SEE NEXT PAGE TO COMPLETE APPLICATION**

2. How would this grant assist you in remaining in school?
  
3. Do you have documentation of the above emergency or can you obtain such documentation of need (e.g., police report, medical bill, court dispossession notice)? \_\_\_\_\_Yes \_\_\_\_\_No  
  
If yes, please attach the documentation to the application.
  
4. Do you have insurance (e.g., medical, auto) that would cover all or part of these expenses? \_\_\_\_\_Yes \_\_\_\_\_No
  
5. What efforts have you made to procure financing from other sources?
  
6. If this is not the first time you have requested emergency funding from The College of Staten Island, please indicate when and what other funds you have requested and received?

**Please be sure to attach a Word document with additional information, including documentation about your circumstances, and a copy of your CSI photo ID card to this application.**

*There will be a follow-up contact for all grant recipients within the semester. At that time you will be asked to document how the grant alleviated the situation.*

I, the undersigned, certify that the information provided on this application is true.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (please print)

**Completed applications must be submitted to [studentaffairs@csi.cuny.edu](mailto:studentaffairs@csi.cuny.edu) with the subject line: Petrie Emergency Grant Application. Thank you.**