



# Emergency Grant Application

English Language Learning Foundation, Inc.

The ELL Foundation Emergency Grant Program is intended to provide local EL students emergency funds for temporary financial emergencies, particularly related to transportation, housing, and hunger. Students who meet eligibility requirements may apply for an emergency grant of up to \$500. Due to funding availability, grantees can only receive one emergency grant per academic year. The ELL Foundation will accept emergency grant applications at any time. **Funds will be sent directly to the grantee's**

**college or university, and not to the grantee.** Please mail your completed application to P.O. Box 19975, Cincinnati, OH 45219 or email your completed application to [development.events@ellfoundationcinci.org](mailto:development.events@ellfoundationcinci.org). If you have any questions about the Emergency Grant Program, please email [development.events@ellfoundationcinci.org](mailto:development.events@ellfoundationcinci.org) or fill out the contact form on our website: <http://www.ellfoundationcinci.org/contact-us.html>.

## **Applicants must meet the following criteria in order to be eligible for an emergency grant:**

1. Applicants must be enrolled full-time in local college or university pursuing a diploma, certificate, or bachelor's degree. The college or university must be regionally accredited (and not on probation).
2. Must be an English language learner, defined as a student who speaks a language other than English at home or a student whose family speaks a language other than English at home.
3. Must demonstrate financial need in this application and in the emergency grant application essay.

## **The following are required in order to successfully submit your emergency grant application:**

1. This application
2. An unofficial college/ university transcript
3. A one page essay describing why you need the emergency grant funds and how the funds will help you to remain enrolled in college
4. A reference letter from a faculty member, staff member, or community member who could speak to your financial need

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1. Name: \_\_\_\_\_
  2. Address: \_\_\_\_\_
  3. Phone number: \_\_\_\_\_
  4. Primary email: \_\_\_\_\_
  5. Secondary email: \_\_\_\_\_
  6. College/ university: \_\_\_\_\_
  7. College/ university ID number: \_\_\_\_\_
  8. Financial need:

Number of family members:	
Number of family members enrolled in college:	

