

Ekho Your Heart

APPLICATION

A fund within the CSUCI Foundation has been established under the Ekho Your Heart Program to assist CSUCI students, staff, or faculty who are experiencing a temporary financial hardship due to a crisis or disaster. The fund is intended to provide financial support for basic needs for those with the greatest need.

APPLICATION PROCESS

1. Complete the Application Form with appropriate explanation and supporting documentation.
2. Print, sign and deliver to Human Resources, Lindero Hall, Room 1804.

OR Print, sign, scan and email to HRServices@csuci.edu or fax to 805-437-8491

WHO'S ELIGIBLE

Applicants must be current CSUCI student, staff, or faculty and be able to document a short-term financial hardship resulting from a crisis or disaster. This fund is not intended to cover expenses otherwise covered by an applicant's insurance.

POTENTIAL AWARD AMOUNT

Awards will be granted on a case-by-case basis up to \$1,000. Awards may be subject to income tax.

SELECTION

The Ekho Your Heart Fund Committee will meet to review applications and recommend to the President those selected to receive funding.

Funds are limited and will be awarded in the order in which applications are received. All information pertaining to this application and subsequent award will be confidential to the extent allowed by law.

Questions may be directed to Human Resources at HRServices@csuci.edu, Lindero Hall 1804, or 805-437-8490.

EKHO YOUR HEART FUND APPLICATION

Please check one and complete ALL information in fields below.

Student

Faculty

Staff

LAST Name _____ FIRST Name _____ Middle Initial _____

Student/Staff/Faculty ID Number _____

Current Mailing Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____

Amount Requested _____

Please provide detailed answers to the questions below. Attach additional documentation if needed.

1. Please provide a short description of the crisis or disaster that affected you:

2. In what way did the crisis or disaster affect you (check all that apply)?

Primary residence was destroyed or significantly damaged

Loss of income

Lost personal belongings

Medical expenses due to illness

Incurred temporary expenses related to evacuation

Other

Please explain further in box below.

3. How will these funds assist you in meeting your needs?

I, the undersigned, certify that the information provided on this application is true and that the amount requested under this application is **not** covered by other insurance coverage.

Application Signature _____ Date _____

Application Name (print) _____

Internal Use: Employee __ yes __ no Approved __ yes __ no Award Amount: _____