

TVMF Emergency TAMU CVM Student Grant Application

Date _		-		
Name				
Addre	SS			
City _		State	Zip Code _	
Phone	9		Cell	
Email				
□ Med	vill you use funds? dical Expenses or Accident		l Disaster of a family member	
1.	Briefly describe your event.	unforeseen fina	ıncial emergency or o	catastrophic
2.	How will the grant you are requesting be used to alleviate the situation? Please itemize the specific funds needed.			e the situation?
3.	Do you have insurance part of these expense	•	meowner's, etc) that	will cover all or

4.	What efforts have you made to procure financing from other sources?				
5.	•	f the emergency (ie, theft report, police ating the need for additional medical			
Amount Requested: \$					
Provide any additional information for the decision-making process:					
I affirm that all information on this application is complete, true, and correct and that I am in need of these funds in order to continue my education at Texas A&M College of Veterinary Medicine.					
	Student Signature	Date			