



## GOOD SAMARITAN FUND APPLICATION

The Good Samaritan Fund is available to assist students who experience a momentous occurrence ranging from extreme misfortune to a personal tragedy that negatively impacts, or has the potential to negatively impact, your success as a student at California State University, Fresno.

**SUBMISSION OF THIS APPLICATION IS A REQUEST FOR CONSIDERATION AND DOES NOT GUARANTEE THAT AN AWARD WILL BE FORTHCOMING.**

### Basic Qualifications:

- Applicant must be officially enrolled as a regular student at California State University, Fresno.
- The loss must impact your current academic pursuit at Fresno State.

### Application Process:

1. Complete the following information:

Name: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Major: \_\_\_\_\_

2. On a separate sheet of paper, describe your catastrophic loss and your needs. Be sure to include the date of the occurrence. Attach this information, along with any verification you can provide (such as a police or fire report) to this form.
3. Once this application is completed and you have secured the required documentation, please send it one of three ways:
  - Mail to The Good Samaritan Fund 5150 N. Maple Avenue, M/S JA 67 Fresno, CA 93740 **OR**
  - Scan and send via email to [parentsassociation@csufresno.edu](mailto:parentsassociation@csufresno.edu) **OR**
  - Drop it off during regular office hours to Joyal Administration, Room 274.
4. The Good Samaritan Fund committee will contact you to discuss the status of your request within 5 working days.

**RECEIPT OF ASSISTANCE IS DEPENDENT UPON AVAILABILITY OF FUNDS AND WILL BE COORDINATED WITH THE OFFICE OF FINANCIAL AID.**

**I certify that the information submitted in this request (including all attachments) is true and accurate.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date