



Graduate Student Emergency Relief Fund Application

The GSO Graduate Student Emergency Relief Fund provides direct relief to graduate students experiencing financial hardship. Students can receive up to two reimbursements, up to \$500 each. Funds will be distributed on a needs basis and are not guaranteed. Eligibility to apply for funding is contingent upon satisfying the requirements listed. **Note:** This is a reimbursement of expenses.

All applications will be verified for authenticity. Students who have previously received funding are eligible to request funding again in the next semester; however, previous awards will be taken into consideration during application review.

Eligibility

An applicant must satisfy the following criteria:

- Be a matriculated GSO member (pay the student activity fee and have an active GSO senator).
- Have experienced unexpected financial hardship resulting from an emergency or crisis.
- Provide documentation of hardship and documentation of expenses. **Additional documents may be requested.**

Application Instructions

Please submit **completed** applications and supporting documents. For any questions, please contact gradadvocate@stonybrook.edu or isa@sbgso.org. Submissions that violate the [Stony Brook University Academic Integrity Policy](#) will be **rejected**.

Required Documentation Checklist

Applications lacking the required documentation listed here will be rejected or will be low priority.

- Application Form:** pages 3-4
 - Original statement and itemized budget table.
- Receipts**
 - All original, itemized receipts for all eligible expenses. Any non-itemized receipts will not be processed. Alcohol will not be reimbursed.
- Bank Statements**
 - Corresponding **posted** bank statements for proof of purchase of all listed expenses. Can be redacted, but need to show name, account number (last 4 digits of credit card), and highlighted purchase dates and amounts.
- W8/W9 Tax Form**
 - **For domestic students:** W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - Fill out lines 1, 3, 5-6, and SS number. Sign and date.
 - **For international students:** W-8BEN: <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
 - Fill out lines 1-4, 5 OR 6, and 8. Sign and date.



Reimbursable Expenses

An applicant must prove they have incurred the expense(s) below by providing original itemized receipts **AND** posted bank statements reflecting each amount claimed to GSO:

Rent

- **If on-campus housing**, provide SOLAR screenshot; must include rentee's name, billing date, and rent amount.
- **If off-campus housing**, provide leasing contract; **must** include rentee's name, rental address, landlord name, rent amount per month/year.

Food

- Original, itemized grocery receipt(s).
- Non-reimbursable expenses include: alcohol, dining in/takeout, split purchases, and cash purchases.

Utilities (water, electric, gas, internet, phone)

- Original bill(s); must include applicant's name.
- Essential travel for extenuating circumstances

Emergency or unanticipated medical bills due to illness or dental emergency

- Copies of insurance statements and original receipts for medical costs not covered by the medical insurance plan to document out-of-pocket expenses.
- Non-reimbursable expenses include: elective or cosmetic procedures (ex. cosmetic treatments, off-label drug use).

*** For other unanticipated emergency expenses not listed above, please contact the Graduate Student Emergency Relief Fund co-chairs at gradadvocate@stonybrook.edu and isa@sbqso.org to inquire about eligibility.

For professional development and research-related expenses, please refer to the GSO's [Funding and Reimbursement Applications](#).



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1. Applicant Contact Information

Applicant Name: _____ Student ID #: _____

Department and Program: _____ GSO Senator: _____

Applicant's Mailing Address: _____

Email Address: _____ Phone Number: _____

2. Statement

Provide an original written statement (**min. of 100 words, max. of 500 words**) describing in detail your financial hardship financially difficult for you to pay for those expenses for which you have submitted supporting documentation. What is the nature of your expenses (e.g., rent, groceries, medical, emergency travel)? How much were you required to pay? Why do these costs present a hardship for you? Please include any other pertinent details that demonstrate your financial emergency:

3. Reimbursement Information

- Amount Requested from the GSO (not to exceed \$500): _____
- Have you received any funds from the Stony Brook Student Emergency Support?(If yes, please list amount): _____
- Please list your current stipend amount, if applicable: _____
- Have you received funds from the Graduate Student Emergency Relief Fund this academic school year? Yes No

4. Application Signature

By submitting this application, I attest **under penalty of perjury** that the information given is truthful to the best of my knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for GSO funding. The GSO will report any fraudulent applications to any other funding organizations involved in your program and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.

Applicant's Signature: _____ Date: _____



Itemized Expenses Table	Amount
Food/Grocery Expenses	