

Parent Pathways at IUP Emergency Fund Application

Date of Application _____

You MUST complete a Parent Pathways Application BEFORE applying for emergency funding.

Contact Information

Applicant First Name _____ Last Name _____

University Email _____ Personal Email (non-university account) _____

Preferred Phone # _____ Additional Phone # _____

Current Mailing Address _____

Apartment # _____ City _____ State _____ Zip _____ Country _____

Banner ID# _____

*Emergency Funds for Basic Needs will be distributed in the form of \$25 gift cards. You may apply for a maximum of \$100 during the academic year.

**Emergency Funds for Childcare will be paid directly to the center.

Emergency Type	
<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Childcare
Select Gift Card Type	Name of Center _____
<input type="checkbox"/> Amazon	Name of child(ren) _____
<input type="checkbox"/> Walmart	Outstanding Balance Amount _____
Select amount	
<input type="checkbox"/> \$25	
<input type="checkbox"/> \$50	
<input type="checkbox"/> \$75	
<input type="checkbox"/> \$100	

For CCAMPIS Program Use Only	
Date Application Received:	Staff Initials:
Date Supporting Documents Received:	Staff Initials: