

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

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

