

# SUCCESS GRANT APPLICATION

Success grants may be available for students who experience an acute and unexpected short-term hardship (e.g. significant reduction or disruption in salary, unexpected unreimbursed medical bills). Eligible students must be on-campus, degree-seeking undergraduate students. Award decisions will be made based on the applicant's individual situation but amounts awarded are subject to limitations. Grants will generally be a maximum of \$500 due to limited funds available. Applicants must state the amount requested and provide documentation to support that amount.

The grant is not subject to repayment. The amount of any awarded grant will be reported on tax form 1098-T. The grant may be considered taxable income and students are encouraged to contact a tax professional to make a determination on whether or not this grant is taxable. Federal loans may be reduced by the amount of this award, although this grant does not require re-payment or charge interest. Students will be awarded only one Success Grant within a twelve (12) month period.

Applications, including all supporting materials, should be submitted in one package to Richard Shearer, Interim Executive Director of Enrollment Management, via email Richard.Shearer@SMSU.edu. Applicants may also mail their materials to the following address: Richard Shearer, SC 227, 1501 State Street, Marshall, MN 56258 Please note that additional information may be requested.

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1. Applicant Name: \_\_\_\_\_  
(Last/Family) (First/Given) (Middle)

2. Mustang ID (found on your SMSU ID): \_\_\_\_\_

3. Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Local Address: \_\_\_\_\_

5. Academic Program: \_\_\_\_\_ Advisor: \_\_\_\_\_

6. Amount of grant requested: \$ \_\_\_\_\_

7. Dates funds are needed: \_\_\_\_\_

8. How did you learn about the availability of the Success Grant?

9. Attach a typed explanation of the acute, unexpected expenses, and the reasons you believe your situation warrants the award of this grant. Attach supporting documentation (copies of insurance statements/doctor's bills/earnings statements/etc.). NOTE: BLACK OUT ANY SOCIAL SECURITY OR INSURANCE ID NUMBERS.

10. In your typed explanation, please include what steps you will take to correct your current financial situation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_