The Ohio State University
Application for Faculty Emergency Fund

Purpose: To provide emergency funds (up to $1,500) for assist full-time faculty in meeting expenses associated with the successful completion of their work at Ohio State.

Name of Applicant	Rank	Date of Employment
Department	Campus Address	Campus Phone
Local Address		Home Phone

Amount of Loan Requested: $_____ Employee ID_____

Has the applicant accessed the Faculty Emergency Fund previously? _____ If so, when? _____
Y/N Date

Have the funds been fully repaid? _____
Y/N

Statement of Need and Proposed Use of Funds:

Date of Application	Applicant's Signature
Approval-Chairperson/Director	Approval-Dean

For Use of Office of Academic Affairs:

The above loan is approved in the amount of $_____.

Date	Signature