



## JONES COLLEGE OF BUSINESS

### Student Micro-Grant Program Application

The information requested below will help determine your eligibility for this grant.

**PLEASE PRINT/TYPE:**

Date of request: \_\_\_\_\_ Amount requested (Max\$250)\_\_\_\_\_

Applicant'sName:\_\_\_\_\_

M#: \_\_\_\_\_ MTSU Email Address: \_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

Major: \_\_\_\_\_ Cell/home#: \_\_\_\_\_

Emergency Contact (Name and Number): \_\_\_\_\_

\_\_\_\_\_

Student Status: \_\_\_Graduate: \_\_\_Undergraduate

**STATEMENT OF NEED:** (All information will remain confidential.)

1. Please briefly explain the nature of the emergency and your request for financial assistance.

If needed, can you provide documentation to support your request?

Yes \_\_\_ No \_\_\_

2. Briefly describe how the requested Micro-Grant funds will be used. .

3. How would this grant assist you in remaining in school?

4. What efforts have you made to procure financing from other sources?

**There will be a follow-up contact for all grant recipients within the semester. At that time you will be asked to document how the grant alleviated the situation.**

**I, the undersigned, certify that the information provided on this application is true.**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Completed applications must be submitted to the Advising  
Manager, Jones College of Business, BAS N219  
or mailed to  
Ms. Gretchen Leming, PO Box 101, MTSU, Murfreesboro, TN  
37132 or emailed to  
Gretchen.Leming@mtsu.edu**