

**UTSA Roadrunner Student Alumni Association  
Student Emergency Fund**

This application must be completed and submitted by the student recipient.

Your name: \_\_\_\_\_ UTSAID: \_\_\_\_\_

Expected graduation date (semester and year): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The purpose of the RSAA Student Emergency Fund is to provide monetary support for UTSA students who are facing financial hardships brought on by unforeseen circumstances. This includes: fires and flooding, natural disasters, epidemics/pandemics, loss of income (either personal job loss or loss of household income), emergency surgeries or procedures, and necessary medications or health accommodations.

**Please complete the entire application below to the best of your abilities and utilize the description section to provide as much detail as possible regarding your emergency situation and the assistance you are requesting. Use additional paper if necessary.**

To turn in the this application send it via email to [RSAA@utsa.edu](mailto:RSAA@utsa.edu) along with any supporting documentation and a screenshot of your current course schedule from ASAP.

Nondiscrimination policy: In accordance with federal and state laws, the Roadrunner Student Alumni Association does not unlawfully discriminate on the basis of race, color, gender, sex, religion, national origin, sexual orientation, age, disability, citizenship, gender identity, gender expression, or veteran status.

Please continue to the following page.

**Place a check next to any items with which you need assistance:**

- |   |   |
|---|---|
| <input type="checkbox"/> Health Services/Counseling or Mental Health Services | <input type="checkbox"/> Personal Effects (clothing, shoes, toiletries, etc.) |
| <input type="checkbox"/> Medical Bills  | <input type="checkbox"/> Safety Needs (e.g. lock change)                      |
| <input type="checkbox"/> Prescriptions/Medications                            | <input type="checkbox"/> Stolen essentials (e.g. ID)                          |
| <input type="checkbox"/> Food/Groceries                                       | <input type="checkbox"/> Travel/transportation                                |
|   | <input type="checkbox"/> Other (please describe in notes)                     |

**Please answer the following items to help us understand your situation:**

1. What is your current housing situation? \_\_\_\_\_
2. Are you financially supporting anyone (e.g. dependents)?      No      Yes: \_\_\_\_\_
3. Are you currently employed?      No      Yes: (How many hours) \_\_\_\_\_
4. What other agencies or organizations have you applied to for assistance?

5. How much aid are you requesting? \_\_\_\_\_

Below please include a breakdown for your expenses for the current month

List your estimated monthly expenses		List your estimated monthly income	
<b>Food/groceries:</b>	\$	<b>Personal Funds</b> (checking, savings, stocks, etc.):	\$
<b>Travel/transportation</b> (gas, car payment, insurance, etc.):	\$	<b>Income from employment:</b>	\$
<b>Health services</b> (medical bills, counseling/mental health, medical procedures, etc.)	\$	<b>Money from family:</b>	\$
<b>Prescriptions</b> (medications, necessary health accommodations, etc.)	\$	<b>Money from sponsor:</b>	\$
<b>Personal expenses:</b>	\$	<b>G.I. Bill or Hazelwood:</b>	\$
<b>Other</b> (list type):	\$	<b>Other</b> (list type):	
<b>Total Estimated Expenses:</b>		<b>Total Estimated Income:</b>	

Please describe your emergency and the details of your requested funding in as much detail as possible:

- I certify that all the information is accurate, that I am a current UTSA student and that I am submitting this application on my own behalf.