The Ohio State University Application for Faculty Emergency Fund

Purpose: To provide emergence successful completion of their		for assist full-time faculty in meeting exp	enses associated with the
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 Fu	and previously? $\underline{\hspace{1cm}}$ If so, when?	Date
Have the funds been fully repa	nid? Y/N		
Statement of Need and Proposed Use of Funds:			
Date of Application		Applicant's Signature	
Approval-Chairperson/Directo	or	Approval-Dean	
For Use of Office of Academic	c Affairs:		
The above loan is approved in	the amount of \$,	
Date	Sign	ature	_
Office of Academic Affairs Faculty Em Form 203	nergency Fund Form, Rev. 12	/21	