# American Indian Education Fund
## Emergency Fund Grant Application

| Institution Name |
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| Mailing Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Contact/Program Partner Name | Title/Department | Phone Number |
|---|---|---|
| | | |

| Fax Number | Email address | Website |
|---|---|---|
| | | |

| Alternate/Additional Contact (if needed) |
|---|
| EIN # |

Total number of students:_____    Percentage Native American/Alaska Native:_____

Proposal narrative: (Please do not exceed 2 pages).

1. Briefly describe the retention and support programs you have for Native American students at your institution.

2. What gap will this program fill in your support of Native American students at your institution?  Please describe.

3. Who will be responsible for assessing the applications and dispensing funds?  Please describe your process and include any forms that you will use.  (Funds cannot be used against financial aid accounts)

4. Volunteerism and giving back to the community are key values in AIEF's work.  We would like the students who receive an emergency grant to perform some sort of service in return.  What are the opportunities for students to volunteer 3 hours at your institution?  This could be research for your office, peer tutoring, volunteering at an event you are sponsoring or service outside of your program, etc.

5. What measures will your school take to ensure that the Emergency Fund is available to students after the American Indian Educations Fund's three year grant cycle is completed?

*If awarded the emergency fund you agree to participate in the program as proposed by the American Indian Education Fund (a program of Partnership With Native Americans).  This includes keeping AIEF informed of all accounting pertaining to the fund, acting in good faith, and complying with all reporting and program guidelines outlined in the program description. Funds are not to be used for payment of student accounts.  You also agree to allow AIEF to use the name of your University and information from your reports to AIEF in our fundraising efforts.*

*Signature: _____  Date:_____*