**CITADEL QUARTERMASTER**

**APPEAL FOR ONE TIME $500.00 EMERGENCY ADVANCE**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a case-by-case basis, The Citadel Student Business Services (SBS) will consider an appeal for a

One-Time Emergency Advance. If approved, the advance will be charged to a Cadet’s Student Account.

The appeal will be reviewed based on the following criteria:

* The Current QM-One Card balance must be less than $500.00.
* The maximum amount to be advanced will be $500.00.
* If an amount balance on a cadet’s QM-One Card is less than $500.00 but greater than zero, the advance would approve for the amount of the $500.00 less the balance. (Example QM-One Card balance is $250.00 then the maximum amount of the appeal would be $250.00.)
* The Minimum emergency appeal amount would be $100.00.

The Appeal Amount will only be applicable for expense receipts that are dated between August 1st and April 1st during that active academic year will be considered.

**DOCUMENTATION REQUIRED**

Attach the following to this signed form:

* Details on the reason for the one-time emergency advance unless reason is covered under HIPPA OR;
* Detailed reason that is non health related but needed for emergency travel.
* Student must be enrolled in the Electronic Refund process via their Lesense Student Portal

**PREFERRED TERM:**

Please indicate the term for which you prefer any additional loan eligibility be awarded.

FALL SPRING SUMMER

**CERTIFICATION**

* I request this appeal to access eligible funds to be reimbursed from my quartermaster account to assist with costs associated with reimbursement request for approved emergency situation.
* I have attached my reason for the need and provide detailed information UNLESS covered under protection of HIPPA.
* I understand that I may be asked to provide proof of purchase of means for emergency travel.
* All information provided to support this request is true and complete to the best of my knowledge. I understand that my request is subject to cancellation if any information is determined to be inaccurate in for the basis of the consideration of my appeal. I also will notify the Citadel’s Student Business Services promptly of any changes.
* NOTE: Digital/Electronic signatures will not be accepted.
* By signing below, I certify that I have read this form in its entirety. My statement and any attachments are to the best of my knowledge, true. I understand that changes made within this appeal may also impact the approval in which the appeal was submitted. Final decisions will be made by the appeals committee and will be emailed to my Citadel.edu email address.

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Student Signature Daytime Phone Date