

**Glenville State College GSC Student Hardship Fund
Glenville State College Alumni Association**

Name: _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Reason for request: _____

Amount/Item requested: _____

Please describe your hardship: _____

*Please attach any supporting documents that might be relevant in the selection process
such as police report, photos, obituary, etc.*

Please submit completed form to the Office of College Advancement Suite (AB 212) in the Heflin Administration Building or via email to Conner.Ferguson@glenville.edu.