



## INTERNATIONAL STUDENT EMERGENCY FUND REQUEST

International Student & Scholar Services—3110 Faunce  
1903 W. Michigan Ave. Kalamazoo, MI 49008-5246  
269-387-5865 [oiss-info@wmich.edu](mailto:oiss-info@wmich.edu)

### Student Information

Name	Today's Date
WIN	Academic Advisor
Department	Number of Credits Completed
Program of Study	Number of Credits Currently Enrolled
Degree Level	(if not enrolled for summer number for fall)
Expected Graduation Term	

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Funding is available in two areas: for unexpected emergencies or for degree completion.

#### To qualify a student must:

1. Be currently enrolled. If in the summer they must be enrolled for the upcoming fall.
2. Be a J-1 or F-1 visa holder.

#### Funding Guidelines:

1. Funding is limited and not guaranteed.
2. Awards are generally in the range of \$500 to \$2500. In exceptional circumstances larger awards may be given.
3. Applications are reviewed by a committee on a rolling basis.
4. Supporting documents may be required.
5. Degree completion funds are a one-time award.
6. Emergency funds may be provided a maximum of once per academic year.
7. In applying for degree completion funds students must be in good academic standing and in their final year of study.
8. Progress to graduation, academic standing, and student conduct status may be confirmed.

*I affirm that I have read and understood the statements above.* ☐

*I affirm that I meet the qualifications outlined in the statements above.* ☐

To apply for *emergency funds* answer questions 1-2 below.

To apply for *completion funds* answer questions 3-6 below.

## **Emergency Funds Request**

- 1) Amount of Funding Being Requested.
- 2) Please provide a detailed description of your financial emergency. Provide as much detail as will help the committee make an informed decision.

Additional supporting documents can be sent along with this form via email.

Your application will be reviewed by the Haenicke Institute International Student Emergency Funding Committee. You should hear a decision within 10 business days.

## **Degree Completion Funds Request**

3) Amount of Funding Being Requested.

4) Please provide a detailed description of your degree completion funding needs. Provide as much detail as will help the committee make an informed decision.

5) Describe what has changed in your financial situation since being admitted that has led to this request for funding.

6) What other financial resources will be available for you to manage your budget for the remainder of your academic program?

Additional supporting documents can be sent along with this form via email.

Your application will be reviewed by the Haenicke Institute International Student Emergency Funding Committee. You should hear a decision within 10 business days.

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:****Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- A person acting as an intermediary . . . . . W-8IMY

**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

- 9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
- 10** **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_.
- Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.****Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)