



Care Closet Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

WIN Number: _____ Requesting emergency items Yes No Requesting gift card Yes No
Circle choice: Circle Choice:

Share reason for emergency assistance request

Multiple horizontal lines for text entry.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that funds are available one time a semester to currently enrolled Washburn Tech students and assistance is not guaranteed.

Student Signature: _____ Date: _____

Please return the signed Care Closet application to:
Campus Advocate
Washburn Tech
5724 SW Huntoon Street, Building A, room 117
Topeka, KS 66604

Email: techadvocate@washburn.edu
Phone: (785) 670.3348
Fax: (785) 273.7080