



Care Closet Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
Circle choice: Circle Choice:

WIN Number: _____ Requesting emergency items: Yes No Requesting gift card: Yes No

Provide brief reason for hardship assistance

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.

Signature: _____ Date: _____

Please return the signed Care Closet application to Student Services, Campus Advocate, Building A, room 117 or email an electronic copy to shelley.bearman@washburn.edu. Feel free to call Shelley Bearman, the Campus Advocate, at 785-670-33654 with any questions or concerns.

