

**HAMPTON UNIVERSITY**  
 HAMPTON, VIRGINIA 23668  
 The Student Counseling Center  
**New York Life Bereavement Fund Application**

To: Dr. Kristie Norwood  
 Licensed Clinical Psychologist  
 Student Counseling Center, Director

Name: \_\_\_\_\_ HUID#: \_\_\_\_\_

Local Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HU Email: \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ (Please check)

Amount Requesting: \$\_\_\_\_\_. Amount Approved (Determined by SCC): \$\_\_\_\_\_

Relation to the Deceased: \_\_\_\_\_

Specified explanation and justification for the bereavement request (must attach supporting documentation such as online obituary, funeral services program, memorial service information, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please List Bereavement Related Expenses and Cost (must include receipts for all items listed below)

Expense (e.g., flight)	Cost

Student Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Kristie Norwood, PhD: \_\_\_\_\_  
 Date: \_\_\_\_\_