Emergency Financial Aid Grants to Students
Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act Form

The U.S. Department of Education has made Emergency Financial Aid Grants to students of our institution who need financial support for their expenses related to the disruption of campus operations due to Coronavirus. This application permits students to apply for these need-based grants. Campus administration will use the information you provide here to determine your eligibility for a grant and the amount for which you will be eligible. Each student will be eligible for only one grant, and only one application will be considered per student. Please fill out this information neatly and completely and provide it to your campus Financial Aid Director or Executive Director. Only students who are participating in courses actively, meet the CARES ACT Grant criteria, have a minimum of 67% attendance, and who are in good standing will be eligible to receive a grant.

Student Name: _____   Email: _____

Mailing Address:
_____
Street, City, State and Zip Code

Last Four Digits of SSN: _____   Phone Number: _____

Have you incurred expenses due to the disruptions caused by the Coronavirus pandemic?

Yes_____   No_____

Check all situations that apply to you.

_____ I am financially responsible for my food expenses.

_____ I am financially responsible for my housing expenses.

_____ I am financially responsible for expenses related to my course materials to attend school.

_____ I am financially responsible for paying for technologies associated with attending online classes.

_____ I am financially responsible for my own health care costs.

_____ I have children and am financially responsible for child care expenses.

I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that I will be unable to revise this request after submitting it, and I understand that the administration of my school will determine my eligibility for grant monies based on my responses to the questions above.

Signature: _____   Date: _____

_____
For Administration Use Only

Administrator Name: _____ Administrator Position: _____

Student Eligibility Amount: _____