

# Emergency Financial Aid Grants to Students

## Under the Coronavirus AID, Relief, and Economic Security (CARES) Act

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 Officer, Bursar, or Campus Director. Only active students who are participating in courses actively and who are in good standing will be eligible to receive a grant.

Student Name: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you incurred expenses due to disruptions caused by the Coronavirus pandemic? \_\_\_\_ Yes \_\_\_\_ No

I am financially responsible for paying for technologies (Internet, Computer) associated with attending online classes \_\_\_\_ Yes \_\_\_\_ No

I have recently experienced a reduction in work hours due to COVID-19 \_\_\_\_ Yes \_\_\_\_ No

I have recently been laid off from work due to COVID-19 \_\_\_\_ Yes \_\_\_\_ No

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 Admin Use Only**

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Administrator Position

\$ \_\_\_\_\_  
Student Eligibility Amount