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Student Name _____ EMAIL _____

Address _____ Phone _____ Last 4 SSN _____

City, State, Zip _____ Program _____ Semester _____ (2-5)

Have you incurred expenses due to disruption caused by the Coronavirus pandemic? ____ YES ____ NO

Household size that you financially support: _____ Number of Adults _____ Number of Children

Check all situations that apply to you:

_____ I am financially responsible for my food and housing expenses \$ _____ estimate of monthly cost

_____ I am financially responsible for course materials, books, tools, equipment (not expendable materials)

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

_____ I am financially responsible for my own health care costs

_____ I am financially responsible for childcare expenses

_____ I/my spouse (if applicable) have lost a job or had hours reduced due to coronavirus

_____ I am eligible for unemployment compensation benefits _____ My spouse (if applicable) is eligible

Are there any special circumstances that have arisen as a result of the pandemic stay-at-home orders of the Governor?

DETAIL: _____

I attest that all information is true and accurate and I am requesting an Emergency Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus. I understand that the Administration at my school will determine my eligibility for grant monies based on my responses to the questions above.

Signature

Date

For Administration Use Only

Student Eligibility Amount \$ _____ PJ Amount \$ _____ TOTAL GRANT \$ _____