**Request for additional Emergency Financial Aid Grants to Students**

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 additional 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. Only one application will be considered per student. Please fill out this information neatly and completely and provide it to your campus Financial Aid Office. 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

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 childcare expenses

I attest that all information is true and accurate, and I am requesting additional 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 and any other institutional needs analysis and/or additional documentation requested.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Administration Use Only

Administrator Name: Administrator Position:

Student Eligibility Amount: