

## **Emergency Financial Aid Grant CARES Act**

The purpose of the Emergency Financial Aid Grant from the Department of Education is to assist students who were severely affected by the Coronavirus pandemic. The intention of the grants are to aid students who have lost significant income and will not be able to continue in college without additional support.

Please, do not apply for this grant if you are not in a compromised position due to COVID-19. These funds are for those

income and will not be able to continue in college without additional support.	
The funds should be aligned to help with:	

✓ Food✓ Housing

√ Course Materials

✓ Technology✓ Healthcare✓ Childcare

students who truly need the additional su You must be an active student to apply.	ipport to complete their caree	er training goals.		
Application				
 Name:		Date:		
Address:	City:	Stat	e:	
Phone Number:	Email Address			
Social Security Number:		DOB:		
Have you or your family been impacted fi	inancially by the challenges o	caused by COVID-19?	Yes / No (Please circle one)	
f you answered yes to the above questic	on, answer the next question.			
How has the COVID-19 impacted you? (\	Write a brief summary)			
Please list how you would utilize the addi List itemized expenses you need help w s your income in 2020 going to be less tl	ith and amounts for each cat	egory you are request	ing)	
f so, please give an estimate of the decr			,	
attest that this information is factual and		g		
Signed:		Da	te:	
Office Use Only  EFC:Awarded: Ye	es   No Amount:			