



145 W. 30<sup>th</sup> St., 8<sup>th</sup> Floor • New York, NY 10001 • Phone: 212.947.7940 • Fax: 212.947.7949

**REQUEST FOR HIGHER EDUCATION EMERGENCY FINANCIAL AID GRANT FUNDS  
Under the CARES Act, Pub. L. No. 116-136**

In response to the global Covid-19 Pandemic, the U.S. Government has enacted the CARES Act to provide, among other things, financial support for students for expenses related to the disruption of campus operations due to coronavirus (including eligible expenses under a student's cost of attendance such as food, housing, course materials, technology, health care, and child care) through the Higher Education Emergency Relief Fund (HEERF). The following information is being collected for the purpose of distributing funds established by the Higher Education Emergency Relief Fund (HEERF) to provide emergency financial aid grants to students eligible under its guidelines for expenses related to the disruption of campus operations due to coronavirus. The Application must be completed in its entirety to be considered.

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Mailing address to send check (Include Apartment Number):**

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

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

**Attest to the Need for the Grant:**

Have you incurred expenses related to the disruption of campus operations due to coronavirus (COVID-19), such as food, housing course materials, technology, health care and/or childcare expenses? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, enter dollar amount for expenses incurred below:**

<b><u>CATEGORY OF EXPENSE</u></b>	<b><u>AMOUNT I HAVE PAID OUT</u></b>
FOOD	\$ _____
HOUSING	\$ _____
COURSE MATERIALS	\$ _____
List Materials: _____	
TECHNOLOGY	\$ _____
List Technology: _____	
HEALTH CARE	\$ _____
CHILD CARE	\$ _____

I hereby attest that the information provided above is true and correct. I understand I am requesting an Emergency Financial Aid Grant to assist me with costs that I have incurred related to the COVID-19 pandemic. I further acknowledge that while my school will attempt to assist me to the greatest extent possible, I understand funds are limited and are to be shared among all eligible students.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Applicants, please do not enter information in this section.

Total Grant Amount Approved: \$ \_\_\_\_\_

CHECK#: \_\_\_\_\_

Signature and Title of School Representative: \_\_\_\_\_