Higher Education Emergency Relief Fund Application

**Student ID:**

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| Name: (Nombre) Last name: (Apellido) |
| Address(Dirección): Apt. |
| City: State:  Zip Code: |
| E-Mail: Phone No.: |
| SSN(Social Security Number): Date of Birth: / / |
| No. of Units(Spring 2021)Créditos registrados para Primavera 2021: |
| Are you willing to enroll in this fall semester?(Desea registrarse para las clases de otoño 2021) *Yes(* ) No( ) |
| Have you incurred expenses due to disruptions caused by the COVID-19 pandemic?  (Tuvo gastos a causa Covic-19?) \_\_\_ Yes \_\_\_\_No (Check One)  Check all situation that apply to you if you check ‘Yes’.  (marque los siguientes casos en caso de haber marcado yes)  \_\_ Food Expense(alimentos)  \_\_ Housing Expense(casa)  \_\_ Academic Expense(gastos académicos)  \_\_ Online Related technology Expense(relacionado a la tecnología de línea)  \_\_ Healthcare Expense(medicina)  \_\_\_ Child Care Expense(cuidado de niños)  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. (Puede firmar electrónicamente escribiendo su nombre y apellido)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ( For Administration Use Only)  Administrator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Eligibility Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |