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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |