

## **CARES Grant Application**

Expenses caused by emergency housing or requirement to relocate a residence, including moving costs  Expenses caused by transition to online learning environment  Other – please provide details				Studen	t Information				
Address:    City   State   ZIP Code	Full Na	ame:					Date:		
Street Address  City  State  ZIP Code  Phone:  Email  Questions  Please describe the concerns that have prompted you to request financial assistance. Please provide as much detail as possible: (Required)  Please identify how you have been impacted: (select all that apply) (Required)  Loss of job  Loss/reduction of income  Illness (either self or another whom you are the caregiver of)  Expenses caused by emergency housing or requirement to relocate a residence, including moving costs  Expenses caused by transition to online learning environment  Other – please provide details  Please identify the types of expenses/loss that you are unable to pay: (select all that apply) (Required)  Food  Housing  Course Materials (books and other essential academic expenses)  Technology  Health care (prescriptions or costs related to medical or mental health care and/or their associated travel)			Last	First		M.I.			
Phone:	Addres	SS:	Street Address				Apartment/Unit #		
Your Campus and Student ID number  Questions  Please describe the concerns that have prompted you to request financial assistance. Please provide as much detail as possible: (Required)  Please identify how you have been impacted: (select all that apply) (Required)  Loss of job  Loss/reduction of income  Illness (either self or another whom you are the caregiver of)  Expenses caused by emergency housing or requirement to relocate a residence, including moving costs  Expenses caused by transition to online learning environment  Other – please provide details  Please identify the types of expenses/loss that you are unable to pay: (select all that apply) (Required)  Food  Housing  Course Materials (books and other essential academic expenses)  Technology  Health care (prescriptions or costs related to medical or mental health care and/or their associated travel)			City			State	ZIP Code		
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				cosis related to medical or me	mai nealth care and	u/or trieir associated tr	aveij		
Child-care Essential utilities									

Other – please provide details	
	Disclaimer and Signature
I certify that my answers are true and complete to the	e best of my knowledge.
I certify that I am eligible for Title IV Federal Financia	I Aid
I understand that my application does not guarantee	I will be awarded any funds.
I understand that false or misleading information in m information below.	ny application may result in denial of the grant and that I understand the disclaimer
Signature:	Date:

## Additional Disclaimer Information:

- This application is for students who are facing financial challenges and/or financial expenses that are significant barriers to academic success
- This funding is not a loan
- This funding does not have to be repaid.
- The amount of each grant will be dependent on the number of applicants and volume of the pool for each of our locations
- Funds may be limited and are available until used. This application does not guarantee that student will be awarded funds.

Application to be submitted to: **CARES grant** < caresgrant@tricociuniversity.edu> by 9/30/2020

If you have any questions, please reach out to your Campus Director