

## Emergency Financial Aid Grants to Students

The Higher Education Emergency Relief Fund III (HEERF III) is authorized by the American Rescue Plan (ARP), Public Law 117-2, signed into law on March 11, 2021, providing \$39.6 billion in support to institutions of higher education to serve students and ensure learning continues during the COVID-19 pandemic.

An Emergency Financial Aid Grant can be requested due to reduction of income, loss of income, or financial hardships from the COVID19 pandemic.

Please complete all information appropriate to your circumstances. Incomplete forms will not be considered. Unusual expenses and income changes must be supported by financial documentation. Return completed form and supporting documents to the Financial Aid Office.

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone number \_\_\_\_\_

**EXPLANATION OF REQUEST:** Please explain in detail the reason(s) for your request for an Emergency Grant due to COVID19. Provide an additional sheet if necessary. Appropriate documentation must be provided.

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### UNUSUAL EXPENSES:

Unreimbursed Paid Medical Expenses  
Amount **paid** in 2021 medical/dental expenses not covered by insurance? \$ \_\_\_\_\_  
(provide payment receipts)

Other Unusual Expenses: Do not list consumer debts for discretionary purchases or services.

Type of Debt	Amount Owed	Monthly Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME REDUCTION:**

Indicate the individual who had a loss/reduction of employment or wages due to COVID19 pandemic and date that this occurred:

Dependent Student

Father Date \_\_\_\_\_

Student Date \_\_\_\_\_

Mother Date \_\_\_\_\_

Spouse Date \_\_\_\_\_

**EXPECTED TAXABLE AND NON-TAXABLE INCOME AND BENEFITS:** Income and benefits that you and your family expect to receive between January 1, 2021 and December 31, 2021. Round amounts to the nearest dollar; omit cents.

	(Parents of Dependent Student)	Student (and Spouse)
2021 Income Earned from Work	Father \$ _____	Student \$ _____
2021 Income Earned from Work	Mother \$ _____	Spouse \$ _____
2021 Unemployment Compensation	\$ _____	\$ _____
2021 Other Taxable Income (Interest, dividends, alimony, rents, royalties, business income, etc.)	\$ _____	\$ _____
2021 Non-Taxed Income and Income		
Social Security Benefits	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Public Assistance/AFDC/TANF	\$ _____	\$ _____
Other Untaxed Income (Workman's Compensation, Black Lung Benefits, Veteran's Non-educational Benefits, etc.)	\$ _____	\$ _____

**Please provide the most recent check stub, benefit statement or other supporting financial documentation.**

Total number of people that you, your spouse or your parents will support between July 1, 2021 and June 30, 2022, including yourself?

Total Number of Family Members \_\_\_\_\_

Total number of people who will be attending post-secondary school at least a half-time basis in a degree or certificate-granting program between July 1, 2021 and June 30, 2022, including yourself?

Total Number Enrolled in College \_\_\_\_\_

**CERTIFICATION STATEMENT: ALL Must Complete This Section**

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2021-2022 academic year that would alter the information provided on this Special Consideration Form, we will immediately contact the Financial Aid Office.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dependent Student Only  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Original EFC \_\_\_\_\_ Adjusted EFC \_\_\_\_\_

Professional Judgment Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FA \_\_\_\_\_ Date \_\_\_\_\_