

John D. Rockefeller IV Career Center School of Practical Nursing
Emergency Financial Aid Grant (CARES Act) Student Request Form

Student Name: _____ Email: _____

Mailing Address: _____

Check all expenses that you have incurred:

_____ Education expenses/ Course Materials/ Technology

_____ Food/ Housing

_____ Healthcare/ Childcare

_____ Job loss/ Furlough

_____ Other. Please provide details _____

_____ I received Title IV money in May as part of my student financial aid package

I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the costs 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 at my school will determine my eligibility for grant monies based on my responses to the questions above.

Student Name: _____

Student ID: _____

Student Signature

Date