## **Student Relief Fund Application**



Name:	ID:
Student's Name (Last, First, M.I.)	Student Identification Number (SID)
or state financial aid and who are experiencing a fina	ships. It is intended for students who cannot access federal ancial hardship which prevents them from continuing their ints eligible for federal or state financial aid are <b>not eligible</b> submission of this form.
Email address:	Cell phone number:
Current local address (street, city, state, zip):	
What is your current class level?   First Year	☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Law
Expected date of graduation (semester & year):	
Are you eligible for federal or state financial aid?  Not sure? Visit <a href="https://studentaid.gov/understand-aid">https://studentaid.gov/understand-aid</a> students who face a legal barrier to accessing federal	/ <u>/eligibility/requirements</u> . The relief fund is only available to or state financial aid.
<ul><li>Yes (you are not eligible to receive the relief fund</li><li>No (continue to next question)</li></ul>	grant)
Grant amount requested (max. is 1,000): \$	
	Il support. If needed, attach additional pages with your on that demonstrates your situation along with this form (i.e.
Explain how you are currently addressing your f	inancial need and what sources you use:
What do you plan to do if you don't receive relie	f funding?
	on is complete and accurate and I agree to provide receipts and/or other addition, I understand that submission of this application does not
Student signature	 Date
Electronic and typed signatures are not accepted	