



**Request for Emergency Funds**  
**Emergency Financial Aid Grants to Students**  
**Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act**

The U.S. Department of Education has made Emergency Financial Aid Grants to **FLORIDA EDUCATION INSTITUTE** students who need financial support for their expenses related to the disruption of campus operations due to Coronavirus (COVID-19). This application permits **FLORIDA EDUCATION INSTITUTE** students to apply for these need-based grants. Campus administration will use the information you provide here to determine your eligibility for a grant and the amount for which you will be eligible. Each student will be eligible for only one grant, and only one application will be considered per student.

Please fill out this information neatly and completely and provide it to the Financial Aid Office at **FLORIDA EDUCATION INSTITUTE**. Only active students who are participating in courses actively and who are in good standing will be eligible to receive a grant. Emergency financial aid grants to students will be distributed in two (2) or more disbursements by **FLORIDA EDUCATION INSTITUTE**. **This is a grant and students do NOT have to pay it back to FLORIDA EDUCATION INSTITUTE or anyone else.**

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ FL Zip: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you incurred expenses due to disruptions caused by the Coronavirus pandemic?  Yes  No

Check all situations that apply to you:

- I am financially responsible for my food expenses
- I am financially responsible for my housing expenses
- I am financially responsible for expenses related to my course materials to attend school
- I am financially responsible for paying for technologies associated with attending online classes
- I am financially responsible for my own health care costs
- I have children and am financially responsible for childcare expenses
- Due to COVID-19 I am now unemployed.
- Due to COVID-19 someone in my household is unemployed.
- Someone in my household has contracted COVID-19.
- I have contracted COVID-19.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Administration Use Only**

Administrator Name: \_\_\_\_\_

Administrator Position: \_\_\_\_\_

Student Eligibility Amount: \_\_\_\_\_