

## Cabarrus College of Health Sciences COVID-19 Federal CARES Act Emergency Grant Application

In conjunction with the United States Department of Education, the College would like to notify you that you may be eligible to receive grant funds as a result of the CARES Act. Eligibility will be reviewed on an individual basis with the completion of this application.

To qualify for the Federal Emergency funds, the student must have been enrolled at Cabarrus College of Health Sciences during the Spring 2020 semester

Name: \_\_\_\_\_ ID: \_\_\_\_\_  
Student's Name (Last, First, M.I.) Student Identification Number

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Program of Study \_\_\_\_\_

Complete all the items below

1. The number of currently working adults in your home \_\_\_\_\_
2. The number of dependents in your home \_\_\_\_\_
3. How has COVID 19 impacted you? Please explain below and include related expenses in the box below.

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Type of Expense	Dollar Amount Requested
Transportation	
Housing	
Living Expenses	
Books and Supplies/technology (computer and internet)	
Other	

*By signing this form, I certify that the above information is complete and accurate, and I agree to provide receipts and/or other documents if requested in support of this application. I also understand that submission of this application does not guarantee that additional assistance will be awarded, and the amount awarded could vary by student.*

**Completed application must be submitted by May 8, 2020 to be considered.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit