

**Texas College  
Application for COVID-19 Emergency Grant**

This application is for emergency financial aid grants directly to students for their expenses related to the disruption of campus operations due to coronavirus (COVID-19). Completion of this application does not guarantee emergency grant funding.

**Your Name**

**Texas College ID #**

**Phone Number**

**Email where you can be easily reached**

**Mailing Address**

**Were you enrolled at Texas College  
On March 13, 2020?**

Yes       No

**Street Address**

**Street Address Line 2**

**City**

**State/Province**

**Postal/Zip Code**

**Country**

**What expenses have you incurred due to COVID-19? (Select all that apply)**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Food             | <input type="checkbox"/> Housing    |
| <input type="checkbox"/> Course Materials | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Health care      | <input type="checkbox"/> Child care |

Other (Please Specify) \_\_\_\_\_

**\*Please note that supporting documentation is required.**

**I agree that any funds I receive from the Texas College CARES Act Student Relief Fund will be used to cover expenses I incurred related to the disruption of campus operations due to coronavirus (including eligible expenses under a student's cost of attendance, such as food, housing, course materials, technology, health care, and child care).**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date