

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 (First, Middle, Last)

Texas College ID #

Phone Number

Email where you can be easily reached

Mailing Address

Street Address

Street Address Line 2

City

State/Province

Postal/Zip Code

Country

Are you currently enrolled at Texas College?

Yes No

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

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Housing | <input type="checkbox"/> Tuition |
| <input type="checkbox"/> Course Materials | <input type="checkbox"/> Technology | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Healthcare (Including Mental Health) | <input type="checkbox"/> Child Care | _____ |

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, child care, and tuition).

Student Signature

Date

Payment toward outstanding tuition: I understand that I have the option to receive a direct disbursement of the CARES Act grant and that the Institution may not require that the grant be applied to my account.

My signature below authorizes Texas College to apply my CARES Act Student Relief Fund to my outstanding balance, per my request.

Student Signature

Date