

**Texas College**  
**Application for COVID-19 Emergency Grant**  
**Spring 2022- Deadline March 7, 2022**

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.

<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	<b>Texas College ID #</b> <input type="text"/>
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<b>Phone Number</b> <input type="text"/>	<b>Email where you can be easily reached</b> <input type="text"/>
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<b>Mailing Address</b> <input type="text"/>	<b>Are you enrolled at Texas College for Spring 2022</b> <input type="radio"/> Yes <input type="radio"/> No
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**Street Address**

**Street Address Line 2**  
   

<b>City</b> <input type="text"/>	<b>State/Province</b> <input type="text"/>
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<b>Postal/Zip Code</b> <input type="text"/>	<b>Country</b> <input type="text"/>
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**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"/> Childcare  |

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

**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

**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

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