

**STUDENT REQUEST FOR EMERGENCY FINANCIAL AID GRANT FUNDS**

**Please provide your current mailing address and phone number**

Student Name \_\_\_\_\_ Phone # (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

- Have you incurred expenses related to the disruption of campus operations (Classes on Campus) due to Coronavirus (e.g., food, housing, course materials, technology, health care, child-care or other causes caused by COVID-19

\_\_\_\_\_ YES \_\_\_\_\_ NO

- Have you, or any person you depend on to pay your expenses, related to your education, lost a job because of the COVID-19 pandemic?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*I hereby attest that the information provided above is true and correct. I understand I am requesting an Emergency Financial Aid Grant to assist me with costs that I have incurred related to the COVID-19 pandemic. I further acknowledge that while my school will attempt to assist me to the greatest extent possible, I understand funds are limited and are to be shared among all eligible student.*

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

\_\_\_\_\_  
Date

**Please return a completed and signed copy to [emergencygrant@fvi.edu](mailto:emergencygrant@fvi.edu) or return it in person to the Miami Campus or Miramar Campus between the hours of 9 a.m. and 4 p.m. Monday through Thursday on or before May,31, 2020. Please allow a minimum of two weeks for processing.**

**FOR SCHOOL USE ONLY**

Applicants, please do not enter information in this section.

Total Grant Amount Approved: \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_

Signature and Title of School Representative: \_\_\_\_\_