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# EMMANUAL COLLEGE

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Office of Financial Aid Phone: (706) 245-2844 Fax: (855) 937-0827

## REQUEST FOR COVID RELIEF FUNDS

Student Name: \_\_\_\_\_

Emmanuel College ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

You feel that you may qualify for American Rescue Plan (ARP) COVID relief funds based on a change in financial situation for you or your family that is not reflected on the 21-22 FAFSA. Please review the conditions below & check all that apply. Applications will be reviewed the 2nd & 4th Friday of each month.

- You, or one or more parent, has lost a job.
- You, or one or more parent, has had a significant reduction in income.
- My family is struggling to pay bills such as rent, mortgage payments, groceries, medical bills or tuition.
- I am not a U.S. citizen and my family's finances have been significantly impacted by the pandemic.
- Other: \_\_\_\_\_

If you checked any of the criteria above, you **may** be eligible for COVID relief funds.

### WHO IS ELIGIBLE?

Families with exceptional financial need receive priority for relief funds. If you feel there are financial circumstances in your life indicating exceptional need, please provide below an explanation of your appeal outlining the financial need caused by the pandemic. Include any supporting documentation you may have (pay stubs indicating a reduction in pay, letter of separation, etc).

Once all documentation has been compiled, please forward it to the Office of Financial Aid as soon as possible

### AMOUNT

Please indicate the amount of funding needed to assist with your financial hardship. Emmanuel College cannot guarantee that amount will be received. Amount requested should be supported by the documentation provided.

Requested Amount: \$ \_\_\_\_\_

### Explanation of Hardship

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

Date: \_\_\_\_\_

For Office Use Only:  Approved  Not Approved      Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Initials: \_\_\_\_\_  
 Dual Use PJ App    Original EFC \_\_\_\_\_ Revised EFC \_\_\_\_\_ Date Transmitted \_\_\_\_\_