

COVID 19- Higher Education Emergency Relief Fund (HEERF) Student Application

Student's Name:		Student ID:	
Mailing address:	Street address (including apt or unit #)	City, State and Zip code	
on file and must be elig	- -	completed 2019-2020 or 2020-2021 application for you completed your FAFSA (Free Application for Yes No	
submitting thi received confi	ed no, you must file the 2020-2021 is application. You may submit your rmation and notification of your Tited yes, please complete the following	HEERF application once you have le IV eligibility. LHAA OPEID number is	
Due to the CO Please check a	, , , , , ,	ced unanticipated expenses/loss in:	
Loss	of employment/wages/hours		
Spo	use/Significant Other/Immediate Fa	amily Loss of Employment/Wages//Hours	
Chil	d Care- due to increase in childcare	due to school/daycare closing	
Tech	nnology- due to change to virtual le	earning	
Hea	lthcare		
Hou	sing/Rent/Food		
Trar	sportation		
hardship/loss as a resu	lt of the COVID-19 pandemic. I will ne COVID-19 pandemic. If submitte	d accurate, and I have suffered financial use these funds to cover the costs of d electronically my typed name below can	
		 Date	