



Higher Education Emergency Relief Fund II
HEERF II Grant Application Form

Student Name: _____
Campus: _____
Phone Number: _____

Program: _____
Email: _____

Congress has made financial grants available to students as part of COVID-19 relief. Complete this Grant Application if you have incurred emergency expenses due to COVID-19. Students may use HEERF II emergency grants for any component of the student’s cost of attendance or for emergency costs that arise due to COVID-19 such as tuition, food, housing, health care (including mental) or child care.

How have you been impacted by COVID-19 (including reduction or loss of employment, increased expenses, etc.)? Please include applicable documentation.

What emergency expenses have you experienced due to COVID-19? Please include applicable documentation.

How will this grant help you offset some of the costs related to COVID-19?



Are there any additional circumstances the School should be aware of?

By signing below, I certify that this information is true and accurate to the best of my knowledge. I acknowledge that the School reserves the right to request additional information, receipts, and documentation. I understand that the School's HEERF Need Panel will determine my eligibility for grant funds based on my responses to the questions above and that I will be unable to revise this request after submitting it. I acknowledge that this application for a one-time emergency grant funding does not guarantee that my request will be approved.

Student Signature

Date

Casal Aveda Institute Official Use Only

Approved Yes No
Student Eligibility Amount:

