



## CARES Act Higher Education Emergency Relief Fund Application Form

The U.S. Department of Education has made available CARES Act Emergency Relief Fund that South Baylo University can distribute to students that are eligible to receive Title IV Financial Aid and who need financial support for their qualified expenses related to the disruption of campus operations due to the COVID-19 pandemic (including education expenses, course materials, technology, food, housing, healthcare and childcare). This application form allows students to request these need-based grants. The Office of Financial Aid will use the information you provide below to determine the amount you will receive.

Once the completed form has been received, we will begin the process to award and mail a check to the address in the school portal.

Please respond as soon as possible. Fill out the information requested below on this form and email it to [mimi@southbaylo.edu](mailto:mimi@southbaylo.edu). Please be advised that your current mailing address, email and phone number in this form will be used for processing this fund and will be updated in our record.

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
last first middle

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Program Enrolled: [ ] MSAOM [ ] DAOM

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Check all expenses that you have incurred:

- Education expenses / Course Materials / Technology
- Food / Housing
- Healthcare / Childcare
- Job loss / Furlough
- Other. Please provide details:

I attest that all information is true and accurate, and I am requesting a one-time CARES Act Higher Education Emergency Relief Fund to help cover the cost of expense incurred due to the COVID-19 pandemic. I understand that I can not revise this request after submitting it, and I understand that the Office of Financial Aid will determine my eligibility for grant monies based on my responses to the questions above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit this application to the Office of Financial Aid via email at [mimi@southbaylo.edu](mailto:mimi@southbaylo.edu).

### ADMINISTRATIVE USE ONLY

Date of Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Application Reviewed by FA Office: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Eligibility Amount: \_\_\_\_\_ Date of Check Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_