



**Emergency Financial Aid Grant (CARES Act) Student Request Form**

The U.S Department of Education has made available Emergency Financial Aid that Med Academy can distribute to students that are eligible to receive federal student aid, and who need financial support for their expenses to the disruption of campus operations due to the coronavirus (including education expenses, course materials, technology, food housing, healthcare and childcare ). This request form allows students to request these need-based grants. Our Campus Support Center 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 you.

Please respond as soon as possible, fill out the information requested below on this electronic form and submit it to us. Remember to provide your current mailing address, email and phone number below, we will use this information to update in our records and to mail these grant funds to you.

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Student Name \_\_\_\_\_ Email \_\_\_\_\_

Phone number \_\_\_\_\_ 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:

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I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that I will be unable to revise this request after submitting it, and I understand that the administration at my school will determine my eligibility for grant monies based on my responses to the questions above.

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

Student ID: \_\_\_\_\_

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

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