

**Covenant School of Nursing and Allied Health  
CARES ACT Emergency Relief Fund Application**



**Funds are designated for events/needs occurring after March 13, 2020 and are COVID-19 related.**

**STUDENT INFORMATION**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Address \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student's Home Phone Number (include area code) \_\_\_\_\_  
Student's Email Address (please print clearly) \_\_\_\_\_ Student's Cell or Alternative Phone Number \_\_\_\_\_

**All Applicants are required to complete a 2020-21 FAFSA and send it to Covenant School of Nursing and Allied Health. School Code: 014107**

**Applicants citing loss of job will be required to provide proof of termination and proof of monthly income earned prior to termination.**

\$ \_\_\_\_\_ Child Care                      \$ \_\_\_\_\_ Food Assistance (# in household \_\_\_\_\_)  
\$ \_\_\_\_\_ Housing Assistance              \$ \_\_\_\_\_ Medical Care  
\$ \_\_\_\_\_ Transportation                      \$ \_\_\_\_\_ Additional Course Materials (textbooks, access codes, etc.)  
\$ \_\_\_\_\_ Technology Assistance (computers, internet, etc.)  
\$ \_\_\_\_\_ Other Expenses (those that do not fit in the above categories)  
\$ \_\_\_\_\_ Total Requested (Limit: \$1,000)

**Additional documentation will be required to confirm amount requested. (i.e., billing statements, invoices, receipts, etc.)**

**Funding may be used for students to receive mental health counseling because of COVID-19 related issues. If you would like to request funds for counseling, please contact Sue Hendrix at shendrix@covhs.org.**

Please explain briefly what your COVID-19 circumstances are for requesting additional CARES funds. Please use back if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have received Employee CARES funds from the hospital?      No      Yes      How much \$ \_\_\_\_\_**

**CERTIFICATION:** I certify that all the information on this application is true and correct to the best of my knowledge. I understand that if all the information requested above and supporting documentation is not supplied that no action will be taken on this request. I give permission to the CSNAH Financial Aid Office to verify any of the information submitted with this request. I certify that I am eligible to receive CARES funding based on Federal Student Aid eligibility requirements.

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

For Financial Aid Office Use Only  
Action taken: Declined Approved Amount \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ FAO Signature \_\_\_\_\_  
Comments: \_\_\_\_\_ Revised 7/8/2020