

CARES Relief Student Application Form for Spring 2020

To apply for CARES Federal Emergency Assistance, please fill out the below application.

As part of your application, you must also complete the FAFSA (Free Application for Federal Student Aid).

SECTION 1: CONTACT INFORMATION

First Name:	Last Name:	
G-Number:	Date of Birth:	_//
(G Then 8 Digits)	(Month/Day/Year Com	plete all three)
Email Address: (Provide email address at which you can easily be reached		
Phone Number: (Provide a phone number at which you can easily be read		
Street 1:	Street 2 or Apt:	
City:	State:	ZIP/Postal Code:
SECTION 2:		
Please identify what hardships you have expe (You may select up to two options.)	rienced for which these emer	gency funds will provide relief.
☐ Books and Educational Materials	☐ Housing Rent/Utilities	
☐ Child Care/Family Care	□ Laptops/Technology	
☐ Educational Expenses	☐ Transportation	
☐ Food/Household Supplies	☐ Other	
☐ Health Care/Medical		
How much Emergency Grant funding are you r (Between \$1 and \$6,195)	equesting?	
How did you learn about the Emergency Cares (Athletics, Arvee Bot, Counseling, EOF, Faculty Member, Office of Disability		
Would you prefer your payment as a check or	RVCC Bookstore Voucher?	
☐ Check ☐ Bookstore Voucher		
When are you hoping to graduate?		
☐ May 2020 ☐ August 2020 ☐ De	ecember 2020 🔲 May 20	21 ☐ Other

Please email this form to <u>CaresActApplication@raritanval.edu</u>.