



PHSC COVID-19 CARES ACT EMERGENCY RELIEF FUNDS REQUEST

In order to meet eligibility requirements for PHSC COVID-19 CARES Act emergency funds, you must complete this form and select the options listed below that best fit your situation. In addition, you must have been enrolled in the spring 2020 semester, have a 2019-2020 FAFSA on file, be eligible for Title IV aid, and have experienced a COVID-19 related financial hardship due to campus disruption. PHSC CARES Act funds will be awarded on a first come-first serve basis with a one-time grant payment.

1. Student Information:

Last Name _____ First Name _____
PHSC ID _____ Email Address _____

2. I am requesting PHSC CARES Act emergency funds to cover the following expenses I incurred as a result of COVID-19 and the campus disruption. Funds will not be applied to any costs at PHSC: *(You must select an option from below in order to be eligible for CARES Act funds)*

- Education/Technology/Supply Costs
- Housing
- Personal Expenses
- Childcare
- Medical
- Food
- Transportation
- Other-please explain: _____

By signing below, I acknowledge and confirm that the above information is complete and correct.

Student Signature Date

You may return your funds request form to the Financial Aid Office by email at finaid@phsc.edu or FAX to **727-816-3713**.

Office Use Only:
Eligible/Awarded _____ Ineligible/Reason _____ Staff Initials _____

Return completed form to Associate Director of Financial Aid.