



PHSC HEERF II CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT (CRRSAA) EMERGENCY RELIEF FUNDS REQUEST

In order to meet eligibility requirements for PHSC HEERF II CRRSAA emergency relief funds, you must complete this form and select the option(s) listed below that best fit your situation. In addition, you must have current semester enrollment, have a valid 2020-2021 FAFSA on file, and have experienced a COVID-19 related hardship. PHSC HEERF II CRRSAA funds will be awarded on a first come-first serve basis. Eligible students will receive a one-time CRRSAA grant payment. Single grant payments will be awarded in the amount of either \$2,500 or \$1,500 as determined by the FAFSA EFC.

1. Student Information:

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

2. I am requesting PHSC CRRSAA emergency funds to cover the following expenses I incurred as a result of COVID-19 and related hardships. *(You must select an option from below in order to be eligible for a CRRSAA emergency grant)*

- Tuition/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 _____ Enrollment **FT - PT** Staff Initials _____
Return completed form to Associate Director of Financial Aid.