

## Emergency Funding Application

In response to the COVID-19 crisis, funds have been made available through the CARES Act to award emergency grants to students for expenses related to the disruption of campus operations due to the coronavirus. Eligible expenses include food, housing, health care, childcare, transportation, technology and other course materials. **Complete and submit this form to [caresact@sunybroome.edu](mailto:caresact@sunybroome.edu) if you, the student, have been directly impacted by the COVID-19 disruption.** All requests will be considered; however, funding constraints may limit the number and size of awards. Priority will be given to high need students with limited available resources.

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Housing:  Currently on campus  Moved home during semester  Off campus  Commuter

Did you withdraw from any courses due to COVID-19?  Yes  No

Did you have any courses that were canceled as a result of COVID-19?  Yes  No

Expected graduation semester: \_\_\_\_\_ Major: \_\_\_\_\_

Please describe how the disruption caused by COVID-19 has directly impacted your ability to cover costs associated with enrollment at SUNY Broome:

---

---

---

---

---

Please identify the category and specific billed amount or monthly charge that assistance is being requested for due to COVID-19 disruptions. Allowable expenses include food, housing, health care, childcare, transportation, technology and other course materials: \_\_\_\_\_

---

---

*I certify that I have or will incur allowable expenses of food, housing, course materials, technology, health care, childcare, and/or transportation as a result of the disruption of campus operations due to coronavirus. I understand it is my responsibility to notify the Financial Aid office immediately if I will not incur expenses that meet or exceed the amount of my award. I acknowledge that I have read and understood the CARES Act grant eligibility requirements as noted in the SUNY Broome CARES Act Grant communication previously sent to me.*

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