
EMMANUAL COLLEGE

Office of Financial Aid Phone: (706) 245-2844 Fax: (706) 245-2846

REQUEST FOR COVID RELIEF FUNDS

Student Name: _____

Emmanuel College ID#: _____ Date of Birth: _____

You feel that you may qualify for COVID relief funds based on a change in financial situation of you or your family that are not reflected on the 20-21 FAFSA. Please review the conditions below and check all that apply.

- One or more parent has lost a job.
- One or more parent has had a significant reduction in income.
- My family is struggling to pay bills such as rent, mortgage payments, groceries, medical bills or tuition.
- I am not a U.S. citizen and my family's finances have been significantly impacted by the pandemic.
- Other: _____

If you checked any of the criteria above, you **may** eligible for COVID relief funds.

WHO IS ELIGIBLE?

Families with exceptional financial need receive priority for relief funds. If you feel there are financial circumstances in your life indicating exceptional need, please provide an explanation of your appeal outlining the financial need caused by the pandemic. Include any supporting documentation you may have (pay stubs indicating a reduction in pay, letter of separation, etc).

Once all documentation has been compiled, please forward it to the Office of Financial Aid as soon as possible.

Student's Signature _____

Date _____

For Office Use Only: Approved Not Approved Date: _____