



**EXHIBIT C**

**Emergency Financial Aid Grants to Students Application  
Under the Coronavirus AID, Relief, and Economic Security (CARES) Act**

*The U.S. Department of Education has made Emergency Financial Aid Grants to students of our institution who need financial support for their expenses related to the disruption of campus operations due to Coronavirus. This application permits students to apply for these need-based grants. Students must be enrolled in Title IV eligible programs and must be eligible for Title IV funds. Students who have not filed a FASFA but who are eligible to file a FASFA also may receive emergency financial aid grants. Campus administration will use the information you provide here to determine your eligibility for a grant and the amount for which you will be eligible. Each student will be eligible for consideration by completing this application. Please fill out this application, neatly and completely, and return it to the Director of Financial Aid, Mrs. Sonnier R. Williams.*

**Student Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Last Four Digits of SSN:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Have you incurred expenses due to disruptions caused by the Coronavirus pandemic?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Check all situations that apply to you.**

- \_\_\_\_\_ I am financially responsible for my food expenses
- \_\_\_\_\_ I am financially responsible for my housing expenses
- \_\_\_\_\_ I am financially responsible for expenses related to my course materials to attend school
- \_\_\_\_\_ I am financially responsible for paying for technologies associated with attending online classes
- \_\_\_\_\_ I am financially responsible for my own health care costs
- \_\_\_\_\_ I have children and I am financially responsible for childcare expenses

If awarded the Emergency Financial Aid Grant, these funds will be used for the following expenses:

\_\_\_\_\_  
\_\_\_\_\_

*I attest that all information is true and accurate, and I am requesting Emergency Financial Aid Grant monies to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that the administration at Texas Health School will determine my eligibility for grant monies based on my responses to the questions above.*

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

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

**For Administration Use Only:**

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**Administrator Name:** \_\_\_\_\_ **Administrator Position:** \_\_\_\_\_

**Student Eligibility Amount \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_