



HEERF III Emergency Assistance Funds Application

Date:

Student 900:

Last Name:

First Name:

GHC Email Address:

Home Address:

Phone Number:

	Yes	No
Have you completed a FAFSA?	<input type="checkbox"/>	<input type="checkbox"/>

1. Please enter the amount of funding requested from the Emergency Assistance Fund. The average funds awarded are approximately \$500.

2. Please describe how you would utilize Emergency Funds (in detail), describe the circumstances surrounding your request, and provide any documentation to support your request.

3. Please explain how receiving these Emergency Funds will impact your ability to remain enrolled at GHC.

***Note: You may be asked to furnish documentation which could include copies of bills, medical documents, receipts, estimates for repairs, photographs, letters of support, etc.**

Please initial here to indicate that the information provided in this application is both accurate and complete, and that you understand that the falsification or withholding of information may result in a referral to the Student Conduct process.

Please initial here to indicate that you understand a follow-up meeting may be required in order to provide documentation of use of funds to connect you with additional resources as needed.

Once your application is submitted, it will be reviewed by a college committee and you will receive notification when your application has been approved. This process may take up to one work week. As a reminder, you may be requested by the review committee to provide additional documentation regarding your request. The more detail you provide in questions 2 and 3, will assist in the timely processing of your application.