

# SOUTHEAST TECHNICAL COLLEGE

## CARES Act Student Emergency Aid Grant Application Form

Name

Campus Email

Student ID

Please check all of the following items that apply to indicate the ways you have been financially impacted by COVID-19 and the associated disruption to Southeast Technical College's campus \*

- Food
- Housing
- Course Materials
- Technology
- Healthcare
- Childcare

### Student Acknowledgement

I understand and agree to the following:

The information reported on this form is true and accurate to the best of my knowledge. \*

Agree

A limited amount of funding exists, and submission of this application does not guarantee an award. \*

Agree

By submitting this form, I confirm that the disruption to Southeast Technical College's campus caused by COVID-19 resulted in additional expenses for me, as I have indicated above. I certify, under penalty of perjury, that the information stated above is true and accurate. I understand that the above information, if misrepresented or incomplete, may be grounds for repayment and/or penalties as specified by law.

Type your Name for  
Signature \*

Date

Submit