

Higher Education Emergency Relief Fund Application

Student ID:

① Name: (영문) _____ (한글) _____		
② Address(주소): _____		
③ City: _____	④ State: _____	⑤ Zip Code: _____
⑥ E-Mail: _____		⑦ Phone No.: _____
⑧ SSN(Social): _____	⑨ Date of Birth: / /	
⑩ No. of Units(Spring 2021)봄학기 등록학점: _____		
⑪ Are you willing to enroll in this fall semester?(가을학기 등록 여부) Yes() No()		
⑫ Have you incurred expenses due to disruptions caused by the COVID-19 pandemic? (코로나 바이러스로 비용이 발생했나요?) ___ Yes ___ No (Check One) Check all situation that apply to you if you check 'Yes'. (예라고 답했다면 아래의 질문 중 본인에게 해당되는 사항에 표해주세요) ___ Food Expense(음식비) ___ Housing Expense(집) ___ Academic Expense(강의와 연관된 비용) ___ Online Related technology Expense(온라인 강의에 따른 비용) ___ Healthcare Expense(의료비) ___ Child Care Expense(아이돌봄) I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that I will be unable to revise this request after submitting it, and I understand that the administration of my school will determine my eligibility for grant monies based on my responses to the questions above.(사인란에 이름을 타입하시면 디지털 사인으로 인정하고 사인을 받겠습니다) Signature _____ Date _____		
(For Administration Use Only)		
Administrator Name: _____ Administrator Position _____		
Student Eligibility Amount _____		