

Name \*

First Name

Last Name

Student ID- Please note an incorrect ID may result in the application not being processed. \*

Email address \*

How many credit hours are/were you enrolled in? (this information is viewable in LoLA on your class schedule) \*

Less than 6 credit hours

Between 7-11 credit hours

Full time, 12 or more credit hours

What are your current living arrangements? \*

I live my parents, other family members, or friends.

I live on my own.

Have you, or do you plan to receive HEERF funding at another college this semester? \*

No

Yes

Are you currently incarcerated? \*

No

Yes

Can you demonstrate that you have an exceptional need and should qualify for HEERF grant funds? \*

Yes, I have experienced a financial hardship due to the COVID-19 pandemic.

No, I did not experience a financial hardship due to the COVID-19 pandemic.

What is the reason for the exceptional need due to the COVID-19 pandemic?

Loss of employment or reduction in income

Food or Housing insecurity

COVID-19 related healthcare costs, includes mental health

Childcare Costs

Other:

If you qualify for HEERF III funds, would you like for SOWELA to apply this award to any current balance owed to the college? \*

No, I would like any HEERF III funds that I qualify for, refunded to me.

Yes, please apply any HEERF III funds that I qualify for towards my SOWELA account balance.

Please sign this application to attest that everything listed is correct and true. \*

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[clear]

Submit Form