Cares Act Emergency Funding Application for Round 2

Name:	Student ID:
Phone:	Amount Requested: \$
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Students who meet the following : Financial Aid Grant award of up to • Title IV-eligible	requirements are eligible to apply for an additional Emergency o \$2,000.
 Was enrolled in a non-distance Estimated family contribution (Must have expenses related to t	learning degree-seeking program during the spring 2020 semester EFC) of \$20,000 or less for the 2019-20 academic year he disruption of campus operations due to coronavirus that were not ergency Financial Aid Grant awards by August 21st, 2020
Funds are limited for this second rot considered.	und and only those students with exceptional circumstances will be
Please check the items listed below	where you have financial need that may affect your educational goals
Food	Technology
Housing	Health Care
Course materials	Child Care Expenses
	he space below of your current financial need as it relates to e to coronavirus. Example: No longer able to use campus computer ter.
and amounts awarded are dependen	ying that all information provided is true. I understand that awards at on eligibility and funding availability. I certify that my request rdship caused by the disruption of campus operations due to
Student Signature:	Date:

Return completed form by mail to: SBU Office of Financial Aid 1600 University Ave Bolivar, MO 65613 Return completed form by email to: finaid@SBUniv.edu