

## Emergency Aid Request Form

Are you facing an unexpected financial emergency that is getting in the way of focusing on your education?

Why are you requesting this assistance?

- Financial Emergency related to Covid-19?

Emergency Aid

- Loans
- Scholarships
- Grants
- Financial Aid

Retention Grants

- Student Food Pantry
- Counseling
- Community resources

STUDENT INFORMATION

of this application does not guarantee any amount of financial assistance.

Submission

* Panther ID	<input type="text" value="6126243"/>
* First Name	<input type="text" value="Genesis"/>
* Last Name	<input type="text" value="Rosado-G"/>
* FIU E-mail	<input type="text" value="grosa043@fiu.edu"/>

IMPACT QUESTIONS

of this application does not guarantee any amount of financial assistance.

Submission of this applicat

Are you an international student?

<input type="radio"/>	<input type="radio"/>	No
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related to COVID-19?

Is this emergency aid request due to expenses relat

Yes

Please explain the impact COVID-19 has had on your finances. What help would additional funding provide you? Please provide an answer.

financial assistance.

Submission of this application does not guarantee any amount of financial assistance.

amount below (one

If you are in need of food/grocery assistance, please indicate your monthly amount below (one month):

amount below (one

If you are in need of housing/rent/living assistance, please indicate your monthly amount below (one month):

amount below (one

If you are in need of assistance with other expenses, please indicate your monthly amount below (one month):

amount below (one

If you are in need of assistance with other expenses, please indicate your monthly amount below (one month):

condition these and you agree to pay portion of financial assistance.

Submission of this application does not guarantee any amount of financial assistance.

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properly received the documents as soon as I have them.

received the documents available as

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## ATTESTATION

Submission of this application does not guarantee any amount of financial assistance.

By entering my name below, I attest that all information provided is accurate and truthful. I understand that the college makes decisions about the award of financial assistance based on the information provided on the application and that the college reserves the right to cancel the award of financial assistance at any time. I understand that the college does not guarantee that I will receive financial assistance.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>