



## CARES Application Form

Student ID: 0123456 Last Name: Doe First Name: John

Home College: MVC Residency Status: R

**Currently Employed (check all that apply):**

Student      Family Member(s)

**Work hours reduced due to COVID-19 (check all that apply):**

Student      Family Member(s)

**Laid off due to COVID-19 (check all that apply):**

Student      Family Member(s)

**I am experiencing the following as a result of COVID-19 (check all that apply):**

Food Insecurity

Housing Insecurity

**I, John Doe - SID: 0123456, certify that due to the disruption of campus operations resulting from COVID-19, I have the following additional and/or unexpected and/or unforeseen expenses that are causing financial challenges:**

Food:

Housing:

Technology:

Health/Medical:

Child Care:

Transportation:

Other:

In these boxes, make sure to put in a dollar amount indicating the additional expenses you have experienced due to the closure of campus. For instance, having to purchase more groceries than you normally would due to the campus closure and stay at home orders that resulted from COVID-19.

Enter any other expense and amount here:

Amount:

**Personal Statement explaining the above need and how these funds will help you continue with your education (150 words max):**

**By clicking the confirmation check box, I am stating that I am the person named on this application and that all information I have provided is truthful and accurate, to the best of my knowledge. Further, I understand that should I be awarded, my information may be shared with the U.S. Department of Education and other federal agencies.**

\* Please print this page for your records before clicking SUBMIT \*

**Make sure that you fill out the form COMPLETELY before you click the box and hit submit.**

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