



## 2020 CORONAVIRUS (COVID-19) EMERGENCY GRANT REQUEST FORM

The United States Federal Government has enacted the CARES Act as a result of the COVID-19 pandemic. Part of this act allows for students to receive financial support for expenses related to the disruption of campus operations due to COVID-19 (including expenses in a student's cost of attendance as outlined below). Students enrolled in the classroom (not in an on-line program) during the 2020 spring semester may apply for the emergency grant funded through the CARES Act, subject to the criteria outlined below. In addition, a student must be U.S. citizen and eligible to receive Title IV federal financial aid, normally supported through filing of the Free Application for Federal Student Aid (FAFSA).

This COVID-19 emergency grant form is different from GCSOM's normal procedures for special circumstance consideration as listed on our website. COVID-19 emergency grants will be reviewed on a case-by-case basis by the COVID-19 Emergency Appeals Committee and the award amounts cannot exceed a total of \$1,000 dollars per student. Students must attest to the need for the grant in the application below. Emergency grants will be issued to GCSOM students via direct deposit (for students who already have direct deposit in place) or paper check.

Name \_\_\_\_\_

Class of \_\_\_\_\_ Program (MD/MBS) \_\_\_\_\_

Are you requesting funds for housing?	_____ Yes	_____ No
Are you requesting funds for food?	_____ Yes	_____ No
Are you requesting funds for course materials?	_____ Yes	_____ No
Are you requesting funds for technology?	_____ Yes	_____ No
Are you requesting funds for health care?	_____ Yes	_____ No
Are you requesting funds for childcare?	_____ Yes	_____ No

Total amount requested \_\_\_\_\_

Please provide a brief description to justify the amount you are requesting:

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**Acknowledgment and Signature**

I affirm that I need a grant under the CARES Act COVID-19 student emergency fund program for expenses such as food, housing, course materials, technology, health care, child care, and other related expenses I have incurred due to the COVID-19 and the disruption to GCSOM's campus operations. Please type your full name in the box below to certify your understanding and acknowledgement of the grant requirements.

Name \_\_\_\_\_

Date \_\_\_\_\_

**Application Process**

Complete and submit the 2020 COVID-19 emergency grant request form to [financialaid@som.geisinger.edu](mailto:financialaid@som.geisinger.edu) with subject line: COVID19 Emergency Grant. A committee will review your request within 5 business days of submission. Decisions regarding your request will be made available via your GCSOM email account.