

Lincoln University
Application for HEERF (I-III), ARP, CARES Act
Student Emergency Grant Funds

Application Date: _____ Request for 2nd LU Grant Award: Undergraduate Student:

Print First Name: _____ Print Last Name: _____

LU Student ID #: _____ Domestic Student: International Student F1 Status:

Phone #: _____ E-mail: _____

Are you receiving Federal Student Financial Aid: Yes: Student Athlete: Yes:

Are you receiving other forms of student financial aid? Please describe: _____

What is the total grant amount you are requesting based on your total unmet exceptional financial needs and related to the COVID-19 pandemic disruption? For International Students, exceptional need is based on exceeding the cost-of-attendance financial conditions listed in your U.S. VISA.

\$ _____

What percentage (% , total cannot exceed 100%) of your total amount indicated above will you apply to the following Cost-of-Attendance (COA) appropriate expense boxes that are covered under the HEERF (I-III), ARP, & CARES Act:

%	COA Category	%	COA Category
	School Supplies (textbooks, software, lab materials, etc.)		Food
	Technology (internet access, digital communication for distance learning, tablet, computer, etc.)		Unpaid student debit at Lincoln University
	Unexpected Medical Bills		Childcare Costs
	Unmet financial needs		Unexpected expenses
	****Tuition****		Housing (Not Summerhouse)
	Loss of employment by you or family member		****Housing (Summerhouse)****

Please briefly provide specific details based on the boxes you checked above:

I understand that any HEERF I-III, ARP & CARES Act funds awarded to me need to be used to meet the expenses that will support the continued pursuit of my Lincoln University education. I understand the submission of the request does not guarantee financial assistance and every request is reviewed on a case-by-case bases: Yes:

If I receive a grant, I wish to set-up direct deductions for LU Tuition: Yes:

If I receive a grant, I wish to have LU pay LU-Extension for my Summerhouse housing expenses: Yes:

 Student Signature (Cannot be MS script font. Must be real signature)

 Date of Signature

	Name	Date	Approved: Yes/No & Priority Code
Financial Aid Reviewed by:			
Accounting Reviewed by:			
Final Approval by:			
FA Approved Amount:			