Application for Emergency Grant Funding

The Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Higher Education Emergency Relief Fund II (HEERF II) and the American Rescue Plan Act (ARPA) Higher Education Emergency Relief Fund III (HEERF III) provide emergency funding to students in need during the COVID-19 Pandemic. In 2020, this funding was known as CARES Act Funding.

Name: ___________________________  LC State ID#: ___________________________

Term Requesting Assistance: _____ Summer Semester 2021—Deadline: Friday, June 23, 2021
(Must be enrolled for selected term) _____ Fall Semester 2021—Deadline: Friday, December 3, 2021

I am requesting assistance for the following:

_____ Technology needs (computer, internet, etc)  _____ Course materials
_____ Housing/Food costs/Utilities  _____ Health Care
_____ Current tuition/fee balance due  _____ Child Care
_____ Other: _____________________________

I am requesting the following amount in grant funding: $ ___________
(Emergency funds are limited. Approved amounts may be less than your request)

Provide a letter of explanation and documentation to support your request. (Documentation may include, but not limited to, receipts for increased food costs, daycare, or utilities.)

Emergency Grant Funding Authorization

This is one-time authorization that applies only to the emergency grant funding approved by this application.

Please initial next to the option you choose.

_____ I have an unpaid balance on my student account and authorize LCSC to apply my approved emergency grant funding directly to my student account balance and refund any excess funds to me.

_____ I do not have an unpaid balance on my student account or do not authorize LCSC to apply my approved emergency grant funding directly to my unpaid student account balance. Please refund these funds directly to me.

I understand my signature authorizes Lewis-Clark State College to perform the above action in regards to my approved emergency grant funding.

Student Signature_________________________ Date____________________

Submit completed application to:  Drop off / Mail:  Email to: caresact@lcsc.edu
Financial Aid Office  Reid Centennial Hall Room 110  Fax to: (208) 792-2063
Lewis-Clark State College 500 8th Avenue  Lewiston, ID 83501