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: ____________
(Must be enrolled for selected term) _____ Summer Semester 2021—Deadline: Friday, July 16, 2021
____ 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: Financial Aid Office
Reid Centennial Hall Room 110
Lewis-Clark State College
500 8th Avenue
Lewiston, ID 83501

Email to: caresact@lcsc.edu
Fax to: (208) 792-2063