

Last Name: _____
Banner ID: _____
For office use only: BDMS Code **CARES**
Staff Initials: _____ Date: _____



ALAMO
COLLEGES
DISTRICT

**COVID-19 CARES Act
Emergency Assistance Application**

Student Name: _____ Banner ID: _____

Email: _____ Phone: _____

At which Alamo College are you currently enrolled? _____

Only expenses related to the COVID-19 emergency situation will be considered for emergency financial aid assistance (CARES Act).

Please complete all fields below as they pertain to your situation and submit any supporting documentation.

Category of Request (select all that apply):

Rent/Housing (overdue rent/mortgage, utilities, etc) Amount Requested: _____

Loss of Income/Job in Household:

Name of Person and Date Job Ended: _____

Previous Monthly Income: _____

Travel (due to illness/etc in family) Amount Requested: _____

Health Care (unexpected medical/dental costs, etc) Amount Requested: _____

Child Care (loss of childcare or threat of loss of childcare) Amount Requested: _____

Instructional Materials and Technology Amount Requested: _____

Food Amount Requested: _____

Other (please explain):

Total Requested Amount: _____ Date/Semester Needed: _____

Reasons for request and length of time amount will cover (please be as detailed as possible and attach any supporting documents):

By signing below I certify that all expenses listed are related to and as a result of the COVID-19 pandemic and circumstances created by it:

Signature: _____ Date: _____

Application does not guarantee approval of funds or amount requested.