

Manhattan School of Computer Technology

931 Coney Island Ave. ♦ Brooklyn, NY 11230 ♦ (718) 360-1534 ♦ Fax (718) 851-8302

REQUEST FOR EMERGENCY FINANCIAL AID GRANT FUNDS Under the CARES Act, Pub. L. No. 116-136

Student Name: _____ Last four digits of SSN#: _____

Group #: _____

Street Address at which I am sure to receive my Grant: _____

City, State and Zip Code: _____ Email: _____

Have you incurred expenses related to the disruption of campus operations due to coronavirus (COVID-19), such as food, housing, course materials, technology, health care and/or child care expenses? _____ YES _____ NO

CATEGORY OF EXPENSE

AMOUNT I HAVE PAID OUT

FOOD \$ _____

HOUSING \$ _____

COURSE MATERIALS \$ _____

List Materials: _____

TECHNOLOGY \$ _____

List Technology: _____

HEALTH CARE \$ _____

CHILD CARE \$ _____

I hereby attest that the information provided above is true and correct. I understand I am requesting an Emergency Financial Aid Grant to assist me with costs that I have incurred related to the COVID-19 pandemic. I further acknowledge that while my school will attempt to assist me to the greatest extent possible, I understand funds are limited and are to be shared among all eligible students.

Student Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Applicants, please do not enter information in this section.

Total Grant Amount Approved: \$ _____

Signature and Title of School Representative: _____