



# CRRSAA HEERF II Emergency Grant Application

Financial Aid Office  
Phone: (208) 524-3000  
Toll Free: 1-800-662-0261  
Fax: (208) 525-7026  
[financial.aid@cei.edu](mailto:financial.aid@cei.edu)  
1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Phone Number

The Department of Education has allocated funding, known as the CRRSAA HEERF II, directly to institutions to help alleviate the effect on your academic experience due to the COVID-19 pandemic. The purpose of the grant is to provide additional funding to students who are or were at risk. The information you provide will remain confidential.

**Emergency Funding Eligibility Requirements:** Enrolled undergraduate degree seeking student at CEI, attended the Spring 2021 term, registered for six (6) or more credits, making Satisfactory Academic Progress, eligible U.S. Citizen or eligible non-citizen, and have an official EFC and must be eligible to participate in Title IV programs.

**Financial Information:**

Have you completed the 2020-2021 FAFSA and received an award offer for the 2020-2021 year?      Yes       No

**\*\*\*If you answer 'No' you will be required to complete the FAFSA or receive a limited payment based on the highest EFC and enrolment for Spring 2021 until funds are exhausted.**

**Please indicate how the COVID-19 pandemic has impacted you and/or your family. Please Check  all that apply:**

- Food Insecurity
- Housing- Living at a temporary residence or have additional person(s) living in your household, etc.
- Distance Based Technology - Lack of or limited internet access at home, etc.
- Health Care- COVID-19 related illness/medical bills for self and/or family.
- Child Care Expenses- Lack of child care and/or school aged children at home requiring supervision, etc.
- Other: \_\_\_\_\_

Please tell us how COVID-19 has created financial burdens, or barriers to your ability to complete your current semester courses as listed above.

**Acknowledgement & Signature:**

I acknowledge that by completing and submitting this form, I am not guaranteed to receive grant funding. By signing this form I am stating that I understand and accept the terms and conditions of the CRRSAA HEERF II Grant. Relief funding is limited and funds will be distributed on a first come first serve basis until funds are exhausted. I am stating that the information provided is true and correct. I understand this application request may take 3-4 weeks for processing.

**\* By typing my name below, I am providing my digital signature and certify that the above information is correct.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.**