

COVID-19 Relief Funding Grant Application

Financial Aid Office Phone: (208) 524-3000 Toll Free: 1-800-662-0261 Fax: (208) 525-7026

financial.aid@cei.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Phone Number
Mailing Address		Email Address	
effect on your academic experie additional funding to students wand Staff are here to help you. Telief Funding Eligibility Requirements	as allocated funding, known as the Cence due to the COVID-19 pandemic. who are or were at risk and changed The information you provide will remember as a current degree seeking stedits, making Satisfactory Academic	The purpose of the Relie to remote instruction. Ou ain confidential.	of Grant is to provide air Administrators, Faculty ane Spring 2020 term,
Please indicate which semester(Check all that apply: S Financial Information: Have you completed the 2019-2	2020 and the 2020-2021 FAFSA Yes be required to complete the CARES in Spring 2020? Yes an(s) in Spring 2020? Yes b(s) in Spring 2020? Yes int Loan(s)? Yes	d in at CEI? Fall 2020 No	of Title IV Eligibility
☐ Food Insecurity ☐ Housing- Living at a tem ☐ Course Material- such a ☐ Distance Based Technol ☐ Health Care- COVID-19 I ☐ Child Care Expenses- Lag	-19 pandemic has impacted you and apporary residence or have additional is lack of computer/laptop access at logy - Lack of or limited internet accerelated illness/medical bills for self ack of child care and/or school aged on the computer of the compute	person(s) living in your h home, etc. ss at home, etc. nd/or family. hildren at home requirin	ousehold, etc.

Please tell us how COVID-19 has created financial burdens, or barriers to you	ir ability to complete your current semester
courses as listed above.	
What will you use these funds for and how will they help you complete a sen	nester course(s) successfully?
What will you use these runus for and now will they help you complete a sen	nester course(s) successiumy.
Do you have additional educational concerns or financial hardships that have	e impacted you while attending the College
of Eastern Idaho due to the COVID -19 pandemic?	a mpacted year mine attenuing the conege
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Acknowledgement & Signature:	
Use device dath at if accorded COVID 40 Belief Court Founds this is a superficus	ad a saksaas I sakasa dada khak ka saasa lakias
I understand that if awarded COVID-19 Relief Grant Funds, this is a one-time awa and submitting this form, I am not guaranteed to receive grant funding. I understand	
FAFSA on file at CEI, I will be required to submit all requested documents for the eva	
relief funding. By signing this form I am stating that I understand and accept the terr	
understand, as noted above, I will use the relief funds for the requested hardship. Re	
student requested need. Funds will be distributed on a first come first serve basis un I am stating that the information provided is true and correct. I understand this appl	
process for consideration. Please allow 3-4 weeks for processing.	ication request will go through the standard
*** The Deadline to apply for COVID-19 Relief funding is October 9 th , 2020.	
* By typing my name below, I am providing my digital signature and certify	that the above information is correct
-, -,,,	
Charles & Clare above	
Student Signature: Dat	e:

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