

APPLICATION FOR STUDENT EMERGENCY FUNDS

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University of Fort Lauderdale (UFTL) understands that due to the COVID-19 pandemic, many students are facing unexpected financial challenges. The federal CARES Act has provided UFTL a limited amount of emergency grant money that can be awarded

Emergency grant fund requests must be related to COVID-19. The emergency grant funds can be used for eligible expenses such as food, housing, course materials, technology, health care, and childcare.

After reviewing your request, we will send an email to confirm if you are eligible for this financial assistance. If you are eligible, your grant will be processed and disbursed to you as soon as possible.

If you have questions regarding the use of this form, please email dbenjamin@uftl.edu.

Funding Information

- Funds are limited.
- Request must be related to COVID-19.
- Covered expenses include food, housing, course materials, technology, health care and childcare.
- These funds do not need to be repaid.
- The funds are not intended to provide ongoing relief for recurring expenses.
- Students must have been enrolled in coursework on January 31, 2022 or after.

Student Information	
Name (First and Last)	DOB (MM-DD-YYYY) (Required)
Email Address	Phone Number
Current Mailing Address	
Funding Request Details	
Reason for emergency funds request? Check all that apply. (Required)	Category of funds being requested? Check all that apply (Required)
☐ Change in class format to online	☐ Academic expenses
☐ Change in living situation	☐ Childcare expenses
□ Illness	☐ Food (meals, groceries)
☐ Increased family expectations	☐ Healthcare expenses (counseling, medical
☐ Increased job expectations (i.e. essential workers)	appointments)
☐ Job loss	Housing (rent, lease, utilities, living expenses)
Loss of work hours/income	Technology (computer, laptop, internet, wi-fi)
Other (provide details below)	Other (provide details below)

University of Fort Lauderdale (contd.)	
	Other" in the previous questions. All other students e why you are requesting emergency assistance. If s not provided, your request may be delayed.
I understand that:	
 these funds. Additional information may be requeste These funds are not counted as income All decisions rendered by the UFTL COVI UFTL does not discriminate on the basis 	mation may be reviewed to determine my eligibility for d and any information I provide may be verified for financial aid purposes. D-19 Committee are final. of race, color, national origin, sex, disability, age
parental, family or marital status in its po by federal and state civil rights regulatio	er identity, creed, religion, and actual or potential rograms, activities, or employment practices as required ns.
(Required)	
I certify that:	
 I was not enrolled at UFTL as a fully onlin 	e student as of March 13, 2020.
 My financial hardship is related to COVID 	-19 and is genuine.
 The information provided on this application is complete and accurate. 	
 I was enrolled at UFTL as of March 13, 20 	20 or at anytime thereafter
Please feel free to share how the COVID-19 pand you personally (optional)	demic and/or the change in college operations has affected
By typing your name below, you are signing this signature is the legal equivalent of your manua	s application electronically. You agree that your electronic I signature on this application.
Student Signature	