



Hurricane Florence Disaster Recovery Fund

Student Application for Emergency Grant Funds

Date: _____

Student Name: _____ Student ID Number: _____

Address: _____

Best Phone _____ – Text: Yes No

Best Email: _____

How much funding are you requesting? \$ _____

Attach a separate file: Describe the details of the financial need related to the impact of Hurricane Florence that must be resolved for you to stay enrolled at Craven Community College (Craven CC). Additional information may be requested to determine eligibility.

What will the funds be used for? _____

Initial each statement and sign below:

_____ I understand that by receiving this grant that I must use my best efforts and take all reasonable steps to obtain alternative funds to cover the losses or needs for which the grant is provided, including funds from insurance policies in effect, any available federal aid such as FEMA, and any other sources of aid that may be available.

_____ I understand that if I obtain funds from another source to cover the losses or needs for which the grant is provided, I must return the amount of the grant that was covered by the funds from another source to Craven CC.

Student Signature

X _____

Contact and submission of completed forms and documents to:
Zomar Peter, Dean of Enrollment Management, Craven CC - (252) 638-4597
By email to peterz@cravencc.edu or
Delivered to Craven CC, Student Center, Room #108

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