



CARES 2/ CRRSAA Emergency Relief Funds

Student Application for CARES 2 / CRRSAA

(Coronavirus Response and Relief Supplemental Appropriations Act)

Date: _____

Student Name: _____ Student ID Number: _____

Address: _____

Best Phone _____ (Text: Yes ☐ No ☐) Best Email: _____

☐ US Citizen/ Eligible non-citizen

☐ Curriculum Student ☐ CCP/ Early College Student ☐ Workforce Development Student

Check the appropriate boxes to describe the financial need related to the impact of the Coronavirus.

☐ Food

☐ Housing

☐ Course Material

☐ Tuition

☐ Technology: _____

☐ Health Care

☐ Childcare

Briefly explain how you have been affected as a student because of the Coronavirus:

Student Signature

X _____

Please submit completed forms to: Rose Sexton, sextonr@cravencc.edu

Questions contact: (252) 633-2111 or (252) 638-4597