



Higher Education Emergency Relief Funds (HEERF)

College & Career Readiness Emergency Assistance Application

Date: _____

Student Name: _____ Student ID Number: _____

Address: _____

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

Curriculum and Workforce Development Students – separate application

Check the appropriate boxes to describe the financial need related to the impact of the COVID-19 National Emergency.

Food

Housing

Course Material

Technology: _____

Health Care

Childcare

Tuition *(If you would like for Craven Community College to apply the HEERF funds to your student account balance, please complete the separate authorization. I understand this authorization is voluntary.)*

Other: _____

Student Signature

X _____

Please submit completed forms to: Sandy Bayliss-Carr; bayliss-carrs@cravencc.edu

Questions contact: (252) 638-4755