



Hurricane Helene Emergency Grant Program for Postsecondary Students

A student who has a financial need related to the impact of Hurricane Helene may complete this application. To qualify, the student should be enrolled in an affected institution, reside either temporarily or permanently in an affected area, or have transferred to the institution due to the damage and destruction caused by Hurricane Helene. Up to an additional \$2,500 in emergency grants per student may be awarded in the spring semester subject to the availability of funds. Please indicate expenses per semester, if applicable.

Student Name: _____ **Student ID:** _____

Email Address: _____ **Phone Number:** _____

County of Residence (Permanent or Temporary): _____

Complete the items below and submit directly to the Financial Aid Office.

1. Attach a statement describing your extenuating circumstances and explain why you need financial support as a result of Hurricane Helene's impact on you and/or your family. The statement should address how Hurricane Helene has impacted you financially with details; please provide supporting documentation.
2. Itemize all expenses below (add additional descriptions, as necessary):

Type of Expense	Dollar Amount Requested	
	Fall Semester	Spring Semester
Transportation		
Housing		
Tuition & Fees		
Living Expenses		
Textbooks		
Other – Please Explain		

Emergency Grant Amount Requested (\$2,500 Maximum Per Semester): \$ _____

Have you submitted a request for additional financial aid due to loss of income, employment or other reason? Yes No

If you are a dependent student for financial aid purposes, have your parents applied for FEMA assistance? Yes No N/A

If you are an independent student for financial aid purposes, have you applied for FEMA assistance? Yes No N/A

Have or will you file an insurance claim for the losses noted above? Yes No

By signing this form, I certify that the above information is complete and accurate and I agree to provide receipts and/or other documents requested in support of this application. I understand that I shall use my best efforts to take all responsible steps to obtain alternative funds that cover the losses or needs for which the emergency grant funds are provided, including funds from insurance policies and available federal aid. If I obtain alternative funds, I will remit the amount of the emergency grant covered by the alternative funds to my institution, excluding any amount in excess of emergency grant funds received. I also understand that submission of this application does not guarantee that additional assistance will be awarded.

Student Signature: _____ **Date:** _____