



PHSC HEERF III-AMERICAN RESCUE PLAN ACT (ARP) EMERGENCY RELIEF FUNDS REQUEST

In order to meet eligibility requirements for PHSC HEERF III-ARP emergency relief funds, you must complete this form and select the option(s) listed below that best fit your situation. In addition, you must have current semester enrollment, have a valid 2021-2022 FAFSA on file, and have experienced a COVID-19 related hardship. PHSC HEERF III-ARP funds will be awarded on a first come-first serve basis. Eligible students will receive one ARP grant payment per semester. Single grant payments will be awarded in the amount of either \$4,000 or \$2,500 as determined by the FAFSA (EFC). Students who can document a financial hardship related to COVID-19 may be eligible for Professional Judgment consideration. Please contact your financial aid office for more information.

1. Student Information:

Last Name _____ First Name _____
PHSC ID _____ Email Address _____

2. I am requesting PHSC HEERF III-ARP emergency funds to cover the following expenses I incurred as a result of COVID-19 and related hardships. *(You must select an option from below in order to be eligible for an ARP emergency grant)*

- Tuition/Technology/Supply Costs
- Housing
- Personal Expenses
- Childcare
- Medical
- Food
- Transportation
- Other-please explain: _____

By signing below, I acknowledge and confirm that the above information is complete and correct.

Student Signature Date

You may return your funds request form to the Financial Aid Office by email at finaid@phsc.edu or FAX to **727-816-3713**.

Office Use Only:

Eligible/Awarded _____ Ineligible/Reason _____ Enrollment **FT - PT** Staff Initials _____

Return completed form to Associate Director of Financial Aid.