



Application
CARES ACT/HEERF Emergency Student Grant Funds

By completing this online application, the student identified below is applying for Higher Education Emergency Relief Funds (“HEERF”) under the CARES Act. Under the CARES Act, these funds can only be used to provide emergency financial aid grants to eligible students for “expenses related to the disruption of campus operations due to coronavirus (including eligible expenses under a student’s cost of attendance, such as food, housing, course materials, technology, health care, and child care).”

Please read Atlantis University’s CARES Act HEERF Emergency Student Grant Policy which includes a complete list of eligibility requirements, defined terms, and other important information.

STUDENT INFORMATION

Name:

AU Student ID Number:

AU Student E-mail:

Address:

Phone Number:

IMPACT STATEMENT Please describe the direct impact and types of incremental or unexpected expenses you incurred as a result of the disruption of campus operations due to the COVID-19 pandemic:

HEERF ELIGIBLE EXPENSES: Students are encouraged to submit ALL expenses they incurred beginning March 13, 2020 related to the Disruption of Campus Operations due to coronavirus (not previously reimbursed by the University):

UPLOAD SUPPORTING DOCUMENTS: Please upload supporting documents that will enable the University to confirm that you have incurred HEERF Eligible Expenses. Examples of supporting documents include receipts, invoices, new rental/lease agreement, and mileage calculations. Please include only expense information and redact or otherwise remove credit, debit, or bank account numbers, social security numbers, or similar personal confidential information prior to uploading such documents. If you cannot provide supporting documentation, please provide an explanation for the expenses you incurred.

EXPENSES INCURRED BY CATEGORY:

- | | |
|--|-------------------------------------|
| 1. Food: \$ _____ | 2. Housing and moving: \$ _____ |
| 3. Course materials and technology: \$ _____ | 4. Healthcare and medical: \$ _____ |
| 5. Child care: \$ _____ | 6. Travel: \$ _____ |
| 7. Other (include a brief description): \$ _____ | |

TOTAL AMOUNT REQUESTED: \$ _____

CERTIFICATION:

By submitting this application, you are certifying to the University that you have read the University's HEERF Student Share Grant Policy and that the information in this application and the supporting documents provided are true and accurate.

Checkbox:

NEXT STEPS

Thank you for your HEERF Student Share Grant Application! The University will review your Application and may contact you for further information. We know that these reimbursements are important and are working diligently to have them reviewed and disbursed as soon as possible.

Student's Signature

Date