



FINE Mortuary College

A Private Two Year College

Student Emergency Grant Application

This form may be completed by enrolled students who are experiencing unexpected financial hardships or expenses resulting from the disruption of campus operations due to the Coronavirus/COVID-19 outbreak.

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student Identification Number (Last 4 digits of SSN)

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Cell phone number: _____

Expected date of graduation: _____

Emergency grant amount requested: \$ _____ Maximum grant (\$450)

1. Please attach explanation why you need emergency financial support. If needed, attach additional pages with your name and Student Identification Number.
2. Submit supporting documentation that demonstrates your need and expenses incurred along with this form (i.e. additional course material expenses, new equipment bills, additional Internet service bills, etc.)
3. Email this application and supporting documentation to CARES@fmc.edu

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. In addition, I understand that submission of this application does not guarantee that additional assistance will be awarded.

Signature: _____ Date: _____