

CARES Act HEERF Request 2019-2020

Return to: Financial Aid Office
Truman State University
McClain Hall 103
Kirksville, MO 63501
Fax: 660-785-7389
Email: finaid@truman.edu

/ DISTINCT BY DESIGN

	Last	F	irst	MI		
Class Level:	□ Freshman	□ Sophomore	□ Junior	□ Senior	☐ Graduate Student	
I am requesting Coronavirus Aid, Relief, and Economic Security (CARES) Act Higher Education Emergency Relief Funds for the following expenses (check all that apply)**:						
☐ Foo	od					
Hou	sing					
Course materials (textbooks, software, lab materials, etc.)						
Health care						
Chil	ld care					
Technology-related expense (internet access, etc.)						
** Additional documentation may be required. Be sure you have signed up for direct deposit refunds for your student account (TruView, Student Tab, Student Finances section, click 'Student Account Suite', Refunds Tab, click 'Set up Account').						
disruption of documentation	campus operation provided are	ions due to cor complete, true	onavirus (Cand accur	COVID-19), a ate to the best	acy funding for expenses related to the and I certify that all answers, information and tof my knowledge. I understand that any lication may result in my application being	
Signature of	Applicant:				Date:	
		o the Financial A		y email, fax or 1	mail. Contact information for the Financial Aid	