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Scholarship.
Character.
Culture.
Service.

2020-2021 Governor's Emergency Education Relief (GEER) Fund

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

Email: _____ **Home/Cell Phone:** _____

Overview of Grant and Requirements

The State of North Carolina was granted GEER Funds to help students in need of additional financial support during the **Spring 2021** academic semester as a result of being directly impacted by the Coronavirus. A Catawba College student who has a financial need related to the impact of COVID-19 may complete this application if:

- Student is currently enrolled for Spring 2021 as of the date of this application **and**,
- Student must be determined a North Carolina Resident based off the NC Residency Determination.
- Student must have exhausted all Federal and State Financial Aid options available based on eligibility.
- Student and/or Family must provide documented financial expenses or impact due to COVID-19.

Complete the Items Below with All Required Documentation and Submit to the Financial Aid Office.

1. Please provide written statement of financial impact that has incurred due to COVID-19 and provide supporting documentation.

The Financial Aid Office reserves the right to ask for additional documentation in order to review your application for additional financial aid. Please note this aid will be applied to the **Spring 2021** semester only and is not renewable based on North Carolina State regulations.

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 relief funds are provided. I also understand that submission of this application does not guarantee that additional assistance will be awarded.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY			
Application Reviewed-	GEER Fund Awarded-	Amount Award- _____	RHACOMM <input type="checkbox"/>
<input type="checkbox"/> Yes	Yes No		Initial _____
<input type="checkbox"/> No			Date _____
<input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/>		
Comments _____			