

**Emergency Financial Aid Grants to Students  
Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act**

The U.S. Department of Education has made Emergency Financial Aid Grants to students of the Learning Bridge Career Institute who need financial support for their expenses related to the disruption of campus operations due to Coronavirus. This application permits LBCI active students to apply for these need-based grants. The LBCI administration will use the information you provide here to determine your eligibility for a grant and the amount for which you will be eligible. Each student will be eligible for only one grant, and only one application will be considered per student. Please complete the information below and provide it to LBCI. Only active students who are participating in courses actively and who are in good standing will be eligible to receive a grant.

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Last 4 Digits of SS#: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

***Have you incurred expenses due to disruption caused by Coronavirus pandemic?***

Yes       No

***Check all situations that apply to you.***

- I am financially responsible for my food expenses.
- I am financially responsible for my housing expenses.
- I am financially responsible for my expenses related to attend school classes
- I am financially responsible for paying for technologies for attending online classes.
- I am financially responsible for my own health care cost.
- I have children and am financially responsible for child care expenses.

I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that I will be unable to revise this request after submitting it, and I understand that the Learning Bridge Career Institute will determine my eligibility for grant monies based on my responses to the questions above. I understand further & acknowledge that while LBCI will attempt to assist me to the greatest extent possible, I understand funds are limited and are to be shared among all eligible students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Administration Use Only

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Administrator Position

Student Eligibility Amount: \$ \_\_\_\_\_

