**Martin Community College**

Higher Education Emergency Relief Fund (HEERF II) Application

for 2021 Spring Enrolled MCC Students

**Martin Community College is proud to serve our students by distributing the Higher Education Emergency Relief Funds (HEERF II), part of the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA). These awards may be used for your cost of attendance as well as emergency costs that have arise due to coronavirus, such as tuition and fees, books, items for distance learning (laptops, hotspots, etc.) transportation, food, housing, health care (including mental), and child care.**

Please provide responses to the following:

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Student ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you currently (2021 Spring) enrolled at MCC? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Are you a U.S. Citizen? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Student Type: \_\_\_\_\_ Traditional Curriculum Student \_\_\_\_\_ High School (CCP)
7. Do you plan to enroll for the 2021 Summer Semester? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please provide your signature and date below. By signing below, I certify all information is true and accurate to the best of my knowledge. You may submit the application through your MCC email to [FA@martincc.edu](mailto:fa@martincc.edu). Or, submit a hardcopy to the MCC Financial Aid Office. All submissions are due by Thursday, April 15, 2021.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

FOR ADMINISTRATIVE USE ONLY

Student Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit hours enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

If no, provide reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_