COVID-19 Student Relief Form

Wenatchee Valley College has received federal money from the recently passed CARES Act to help enrolled students facing temporary financial hardship related to the COVID -19 public health crisis with limited emergency assistance. Please use this form only for those financial hardships and expenses directly related to COVID-19 to notify us of how we can support your continued success at Wenatchee Valley College.

College Contacts:

Counselors: (509) 682-6850 or Bertha Sanchez, Bsanchez@wvc.edu or Ryan Poortinga rpoortinga@wvc.edu

Financial Aid Office: (509) 682-6810 or Financialaid@wvc.edu

General CARES funding questions: caresfund@wvc.edu

* Required

_____ _____ ___   SID: _____ _____ _____
*Last Name   ***First Name**   **MI**

_____ (_____) _____   SSN/ITIN: _____ _____ _____
*WVC email address   ***Daytime Phone #**   ☐ **I do not have a SSN/ITIN**

As a result of COVID-19, I need assistance with the following expenses:

(note: these should be expenses not already covered by existing financial aid, that you are now unable to pay)

	Amount needed		Amount needed
Housing	$ _____	**Medical / Dental Expenses**	$ _____
Utilities	$ _____	**Books and Supplies**	$ _____
Food	$ _____	**Tuition/Fees**	$ _____
Phone	$ _____	**Transportation (gas/insurance/repairs)**	$ _____
Child Care	$ _____	**Technology Needs: (Internet)** $ _____ **(Computer)** $ _____

*Other (explain):_____ $ _____   **TOTAL:** $ _____

*Have you recently experienced any of the following due to COVID-19? Check all that apply.

☐ Additional cost due to classes being moved to online.

☐ Loss of income (student, spouse if married, or parent if you are a dependent)

☐ Unexpected medical costs   ☐ Other (Please explain) _____

Please provide a brief explanation how the request is COVID related: (Attach additional sheet if needed)

_____

_____

_____

All requests must have a typed name entered before your request can be processed. By submitting and providing a typed name, I agree that these answers are true and the help I am requesting is directly related to COVID-19 reason(s). I also agree that my typed name shall have the same force and effect as my written signature.

_____   _____

*Print name: ***Date:**