

Student Emergency Funds for COVID-19 Impacted Students

* Required

1. Email *

2. Student ID *

3. First Name *

4. Last Name *

5. I am requesting Blue Ridge Community College Emergency Funds as a result of one of the following due to the COVID-19 pandemic (documentation required): *

Mark only one oval.

- Job Loss (company letter or unemployment claim)
- Temporary Furlough (company letter or unemployment claim)
- Medical (stay-at-home order from doctor for self or loved one)

6. I am requesting Blue Ridge Community College Emergency Funds to cover the following expenses: *

Mark only one oval.

- Housing
- Food
- Utilities
- Childcare
- Technology (computer, software, internet, etc.)
- Medical
- Tuition, fees and/or books
- Other: _____

7. Total Amount of Expenses Requested *

8. Briefly describe your emergency situation below, specifying how the funds would be used. To help use understand your need, explain anything you feel is relevant. *

Submit

Clear form

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