

Geisinger Lewistown Hospital School of Nursing
Student Application for Higher Education Emergency Relief (HEERF) Funds under
Section 18004(a)(1) of the Coronavirus Aid, Relief, and Economic Security (CARES) Act
June 1, 2020

Student Name: _____

Student ID Number (found in Empower): _____

Brief Description of Need for Emergency Relief Funds:

Brief Description of Intended uses of Emergency Relief Funds:

Acknowledgment and Signature

I affirm that I need a grant under the CARES Act COVID-19 student emergency fund program for expenses such as food, housing, course materials, technology, health care, child care, and other related expenses I have incurred due to the COVID-19 and the disruption to GLHSON's campus operations. Please type your full name in the box below to certify your understanding and acknowledgement of the grant requirements.

Signature: _____

Date: _____

Submit completed application to hlarndt1@geisinger.edu or vial mail to:

GLH SON attn: Harriet Arndt 400 Highland Avenue, Lewistown PA 17044 by June 15, 2020.