



**NEW PROFESSIONS TECHNICAL INSTITUTE**

4000 West Flagler Street. Miami, Florida 33134

(305) 461-2223 / Fax: (305) 461-3029

**EMERGENCY FINANCIAL AID GRANT (CARES ACT)  
STUDENT REQUEST FORM**

The U.S. Department of Education has made available Emergency Financial Aid Grants that New Professions Technical Institute (NPTI) can distribute to students that are eligible to receive federal student aid, and who need financial support for their expenses related to the disruption of campus operations due to the Coronavirus (including education expenses, course materials, technology, food, housing, healthcare and childcare). This request form allows students to request these need-based grants. Our Financial Aid Department will use the information you provide below to determine the amount you will receive. Once the completed form has been received, we will begin the process to award and mail a check to you.

Please respond as soon as possible. Remember to provide your current mailing address, email, and phone number below. We will use this information to update our records and mail these grant funds to you.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License# \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Program \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check all expenses that you have incurred:

- Education Expenses / Course Materials / Technology
- Food / Housing
- Healthcare / Childcare
- Job loss / Furlough
- Other. Please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the costs 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 administration at my school will determine my eligibility for grant monies based on my responses to the questions above.

\_\_\_\_\_  
Student (Applicant) Name (print)

\_\_\_\_\_  
Student (Applicant) Signature

\_\_\_\_\_  
Date