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**HIGHER EDUCATION EMERGENCY RELIEF FUND (Cares Act)  
 COVID-9 Relief  
APPLICATION**

Instructions: Please complete the information below.

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_

**FINANCIAL NEEDS ASSESSMENT**

I am requiring financial assistance for the following:

- Course Materials     Technology     Food     Housing     Healthcare     Childcare

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

The student \_\_\_\_\_ will \_\_\_\_\_ will not receive emergency funds through the Higher Education Emergency Relief Fund CARE Act.

The student will receive \$ \_\_\_\_\_.

Notes: Please attach a copy of the student need-based disbursement along with a copy of the student identification.