



COVID-19 Financial Assistance Request Form

Due to the current COVID-19 events, we understand you may have experienced recent financial hardships related to course materials, technology, food, housing, health care, and childcare. Please submit this form to allow us to review and understand your needs so that we can pursue potential additional financial assistance. *** indicates required information**

Name*

First _____

Last _____

WC Student ID# (viewable via Populi portal) * _____

Phone* _____

Email * _____

Please check all appropriate boxes as to how you've been affected financially by COVID-19:*

____ Course Materials/Technology

____ Food/Housing

____ Healthcare Costs

____ Childcare Costs



____ **Furlough**

____ **Temporary Job Loss**

____ **Permanent Job Loss**

____ **Other:**

Please provide specific details based on the boxes you checked above:

I understand the submission of this request does not guarantee financial assistance and every request is reviewed on a case-by-case basis.

Write your signature onto the line below. *

Date * _____