**MSI CARES Act Funding Request Form**

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| --- | --- | --- |
| First Name |  | Last Name |
| Click or tap here to enter. |  | Click or tap here to enter. |
| E-mail Address |  | Phone |
| Click or tap here to enter. |  | Click or tap here to enter. |
| Student ID |  | Campus |
| Click or tap here to enter. |  | Click to Select Campus |
| Program |  |  |
| Click or tap here to enter. |  |  |

The information I have provided in this application is truthful and accurate. I understand that any funds I am approved to receive must be used toward the expenses I described in this request form.

[ ]  Yes [ ]  No

1. **Important:** save this application to your computer first. This will ensure the signature process works properly.
2. Next, please complete this application inclusive of the essay on page 2.
3. Once the form is complete in its entirety, double-click the signature line field below to sign the form. Doing so will lock the document and you will not be able to make further changes unless you remove the digital signature.
4. Send the document as an attachment via e-mail to: scholarships@thechicagoschool.edu.

**Essay:** Describe in detail the financial hardship you are facing as a result of the COVID-19 pandemic. Whenever possible, please include dates of expenses incurred, as well as cost estimates. Explain if the cost is a one-time expense or continuous in relation to the hardship. In general, responses should be limited to 500 words or less.

Click or tap here to enter text.