

Information

Purpose: The Moravian College CARES Fund was created in response to the Federal Government’s Emergency Financial Aid Grants to Students under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This aid is for limited, short-term, financial assistance when students are unable to meet immediate, essential expenses because of temporary hardships related to the COVID-19 crisis.

Emergencies relating to COVID-19 may include (but are not limited to):

- Reduction or loss of employment of a supporting family member or yourself due to economic disruptions
- Increased technology expenses due courses moving from in person to online
- Change in housing/rent expenses including having to break a lease
- Increased medical expenses of a supporting family member or yourself
- Increase in other expenses due to the economic disruptions from COVID-19

Eligibility Requirements: Applicant must have been an enrolled at Moravian as of March 13, 2020. This funding is only for students experiencing a temporary financial hardship resulting from disruptions from COVID-19. Applicants may be asked to provide documentation based on their unique situation. Please note that employees and those receiving a staff scholarship are ineligible for this grant.

Application Procedure: Once this form is completed and submitted, it will be reviewed by a committee comprised of Moravian College Staff. Our goal is to notify you with a decision within one week of submission. Funds will be placed on your student account and refunded to you directly. If you have set up direct deposit, the funds will be deposited into your bank account; if not a check will be sent to your home address. These funds cannot be automatically credited to your current bill. If you are denied funding and have additional questions, please contact the Office of Financial Aid Services.

Questions: For additional information about, contact the Office of Financial Aid Services.

Application Form

Name: _____

Student ID #: _____

Email Address: _____

Phone Number: _____

Academic Division: _____ Undergraduate _____ Graduate

Date of Request: _____

Amount Requested: _____

Please answer the following items to help us better understand your situation:

1. Do you have housing? _____ Yes _____ No _____ Temporary
2. Do you currently have any relatives living with you that provide for your support? Are you the sole provider (source of income) for your family? Please describe: _____

3. Are you currently employed? If so, how many hours do you work, and what is your place of employment? _____

4. Please describe your situation and provide some background on your request for financial assistance and the amount you requested.

Applicant Signature: _____

Please return your completed form to the Office of Financial Aid Services via:

- Mail (1200 Main Street Bethlehem, PA 18018)
- Upload ([Xmedius SendSecure](#))

- Fax (610-861-1346)
- In-person (1st floor Colonial Hall)