



**Higher Education Emergency Relief Fund (HEERF) Grant for COVID Testing Expenses**

Meredith Id: \_\_\_\_\_

Last Name : \_\_\_\_\_

First Name : \_\_\_\_\_

Have you completed a Free Application for Federal Student Aid (FAFSA)?

Yes                  No                  D o n ' t   k n o w

Have you completed an International application for Meredith College?

Yes                  No                  D o n ' t   k n o w

Are you a North Carolina Resident?                  Yes                  No

I wish to apply for an emergency expense grant equivalent to the cost of the Meredith College COVID Testing charge

Choose one:

I want the emergency grant to be credited to my student account to cover the cost of the COVID testing.

I will pay for the cost of COVID testing out of pocket and would like the emergency grant issued to me directly in a check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_