



**Governor's Emergency Education Relief (GEER)  
2020-2021 Student Application**

Instructions: *Complete this application and return the completed application to the college's Financial Aid Office or Workforce Continuing Education Department.*

**Personal Information:**

Full Name: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**Educational Information:**

College you are attending: \_\_\_\_\_

\_\_\_\_\_ Occupational Continuing Education Student (*must be enrolled in a credentialing program of at least 96 hours.*)

Select the Pathway you are enrolled in:

- |   |   |
|---|---|
| <input type="checkbox"/> Automotive                 | <input type="checkbox"/> Healthcare               |
| <input type="checkbox"/> Aircraft Maintenance       | <input type="checkbox"/> Industrial/Manufacturing |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Information Technology   |
| <input type="checkbox"/> Criminal Justice           | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Fire and Rescue Services |

Course you are enrolled in: \_\_\_\_\_

**Other Questions:**

Have you or members of your family been directly or indirectly affected by COVID-19? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how?

\_\_\_\_\_

I have read and understand the requirements for assistance. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date