

**CENTRAL BAPTIST COLLEGE**  
**Student Request for Emergency Financial Assistance**  
**Due to Expenses Incurred because of the**  
**Change in Course Delivery Method in Response to COVID-19**

Student Name: \_\_\_\_\_  
 CBC ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate below any unexpected expenses you have incurred because of the change in course delivery method (moving from in class to online) in response to COVID-19. Mark all that apply and indicate the amount of the expense.

	<b>Expense Amount</b>
<input type="checkbox"/> Computer/Laptop purchase	\$ _____
<input type="checkbox"/> Webcam purchase	\$ _____
<input type="checkbox"/> Earphones/headset purchase	\$ _____
<input type="checkbox"/> New or increased internet service	\$ _____
<input type="checkbox"/> Software purchase	\$ _____
<input type="checkbox"/> Additional textbooks or online resources not originally required for course	\$ _____
<input type="checkbox"/> Additional school supplies	\$ _____
<input type="checkbox"/> Housing/moving expenses	\$ _____
<input type="checkbox"/> Increased living expenses (food, utilities, etc)	\$ _____
<input type="checkbox"/> Unplanned travel expenses	\$ _____
<input type="checkbox"/> Income loss due to job loss	\$ _____
<input type="checkbox"/> Need to retake a course from Spring 2020	\$ _____
<input type="checkbox"/> Other (please specify): _____	\$ _____
<input type="checkbox"/> Other (please specify): _____	\$ _____
<input type="checkbox"/> Other (please specify): _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

I confirm that expenses listed above are true and accurate and were incurred because of the change in course delivery method in response to COVID-19.

Click below to sign form

You must have Adobe to Submit Form. [Here](#)

**Submit your request form to the CBC Financial Aid office  
 by fax (855-217-7072) or by email (financialaid@cbc.edu).**