



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 Don't know

Have you completed an International application for Meredith College?

Yes No Don't know

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: _____

Return completed form(s) using **ONE** of the three methods listed below:

Dedicated Financial Assistance Fax:

919-760-2373

Attn: Financial Assistance

Email to Financial Assistance:

To: finaid@meredith.edu

Subject: HEERF COVID Testing App

Mail or bring to Meredith College

Financial Assistance Office

3800 Hillsborough St.

Raleigh, NC 27607