UTRG	V Student Emergency Fund	
Please fill out	it the form below	<b>Ⅲ</b> My Submitted Requests
Student ID:		
First Name:		
Last Name:		
UTRGV Email:	griselda.castilla@utrgv.edu	
apply):	Education related expenses Housing Food Technology Health Care Child Care Utilities	ny ability to continue my education. I would like assistance for (select all that may
	Student Emergency Fund Payment: have a student account balance with UTRGV for the Spring 2022 semester	please indicate your preference below:
<ul> <li>Yes, I give UTRGV authorization to apply the funds awarded to me under the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA) or the American Rescue Plan (ARP) towards any outstanding balance in my UTRGV student account. Any funds remaining after my balance has been paid in full, will be disbursed directly to me. I understand that choosing this option is not a requirement to accept and receive this award.</li> <li>No, I do not authorize UTRGV to apply funds towards my student account as I either do not owe a balance or I need these funds for other educational costs. I understand these funds will be disbursed directly to me.</li> </ul>		
and agree that a		form, and that I have not disclosed the username and password to anyone else. I understand y constitute grounds for disciplinary action under UTRGV Handbook of Operating Procedures ayment of funds awarded.
	Submit Reset Form	