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Coronavirus/pandemic-related Financial Hardship

STUDENT FIRST NAME*	
STUDENT LAST NAME*	
PHONE*	
ADDRESS	
ADDRESS 2	
CITY/TOWN	
STATE/PROVINCE	
- None -	
ZIP/POSTAL CODE	
EMAIL ADDRESS*	
ETBU STUDENT ID NUMBER	
CIBO GIODENTID NOMBER	

	SELECT YOUR STATUS*					
	- Select -					
	WHAT IS YOUR ANTICIPATED GRADUATION SEMESTER AND YEAR?*					
	- Select -					
AS A RESULT OF THE CORONAVIRUS PANDEMIC, DID ONE OF YOUR PARENTS, GUARDIANS, AND/OR FINANCIAL SUPPORTERS LOSE INCOME?*						
	- Select -					
AS A RESULT OF THE CORONAVIRUS PANDEMIC, DID MORE THAN ONE OF YOUR PARENTS, GUARDIANS, AND/OR FINANCIAL SUPPORTERS LOSE INCOL						
	- Select -					
	AS A RESULT OF THE CORONAVIRUS PANDEMIC, DID YOU PERSONALLY LOSE INCOME OR EMPLOYMENT? (EXAMPLES INCLUDE REDUCTION OF HOURS, BEING LAID OFF, REDUCTION IN PAY, ETC.)*					
	- Select -					
	AS A RESULT OF CORONAVIRUS OR A CORONAVIRUS-RELATED ILLNESS, HAVE YOU LOST A LOVED ONE? *					
	- Select -					
DURING THE CORONAVIRUS PANDEMIC, DID YOU SEEK OR WANT EMPLOYMENT, BUT YOU WERE UNABLE TO SECURE IT?*						
	- Select -					
	DO YOU WORK AN ON-CAMPUS OR OFF-CAMPUS JOB TO HELP PAY FOR YOUR EDUCATION? *					
	- Select -					
	COULD YOU ATTEND ETBU WITHOUT FINANCIAL AID OR SCHOLARSHIP SUPPORT?*					
	- Select -					
	ARE YOU PLANNING ON RETURNING TO ETBU IN FALL 2021*					
	- Select -					
	IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE ABOUT YOUR FINANCIAL NEED AT THIS TIME?					
		_//				

PLEASE SIGN IF YOU HAVE BEEN HONEST AND CAN PROVIDE DOCUMENTATION UPON REQUEST. *

RESET

SUBMIT





One Tiger Drive Marshall, TX 75670

903.923.2000 800.804.3828 (Toll Free)









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