

**MOREHEAD STATE UNIVERSITY**  
**Accounting & Financial Services (606) 783-2019**  
[billing@moreheadstate.edu](mailto:billing@moreheadstate.edu)  
**REQUEST FOR FINANCIAL ASSISTANCE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID# \_\_\_\_\_

Amount of financial assistance requested: \_\_\_\_\_

I understand that the University has received funding from the American Rescue Plan Act to provide emergency student aid grants to students and I would like to request an emergency student aid grant to assist with my financial needs.

Please mark one:

\_\_\_\_\_ It is my desire and my choice to have any funds which I may be awarded under the American Rescue Plan Act applied to any student account balance I have with Morehead State University at the time the award is applied to my student account.

\_\_\_\_\_ It is my desire and my choice NOT to have any funds which I may be awarded under the American Rescue Plan Act applied to any student account balance I have with Morehead State University at the time the award is applied to my student account.

By signing your name below, you are stating that you have a financial need and are requesting American Rescue Plan Act funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date