



Veteran Emergency Fund Application

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Phone Number
Veteran		Email Address	
<input type="checkbox"/> Receiving VA Benefits <input type="checkbox"/> Not Receiving VA Benefits			

College of Eastern Idaho has received funding for Veteran students who demonstrate financial need to be able to work towards graduation or complete their current term. To be eligible for this funding the student must be a current student who is enrolled in at least one credit. The Veteran student can either be actively receiving VA benefits or be a Veteran student who is not receiving VA benefits.

Are you admitted at CEI as a degree seeking student for? Yes No

Please indicate which semester you are currently enrolled in at CEI? Check all that apply: Fall Spring Summer

Please indicate what financial insecurities you and/or your family are experiencing. Please Check all that apply:

- Food Insecurity
- Housing- Living at a temporary residence or have additional person(s) living in your household, etc.
- Course Material- such as lack of computer/laptop access at home, etc.
- Distance Based Technology - Lack of or limited internet access at home, etc.
- Health Care- Illness/medical bills for self and/or family.
- Child Care Expenses- Lack of child care and/or school aged children at home requiring supervision, etc.
- Job Loss- Income or wage loss due to stay at home order, etc.
- Other: _____

Please tell us what financial burdens, or barriers you are experiencing to complete your current semester courses as listed above. Also tell us how you will use these funds to help you complete your semester course(s) successfully?

Acknowledgement & Signature:

I understand that if awarded Veteran Emergency Funds, this is a one-time award per term. I acknowledge that by completing and submitting this form, I am not guaranteed to receive this emergency funding. By signing this form I am stating that I understand and accept the terms and conditions of the Veteran Emergency Fund. I understand, as noted above, I will use the funds for the requested hardship. Funding is limited and will be based on student requested need. Funds will be distributed on a first come first serve basis until funds are exhausted.

I am stating that the information provided is true and correct. I understand this application request will go through the standard process for consideration. Please allow 3-4 weeks for processing.

*** By typing my name below, I am providing my digital signature and certify that the above information is correct.**

Student Signature: _____ **Date:** _____

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.