

CiTEM Mental Health Services Grant Application

Mental health care is variably covered by insurance and the expense of care can be a barrier for students seeking treatment. The mental health services award provides students with grants of \$500.00 per semester to pay for mental health care not covered by insurance.

Name: _____ **PID:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Estimated Student Loan Debt: \$ _____

What are your financial alternatives should a grant not be available for you?

If awarded the grant, I agree to the following reporting and compliance terms:

- Complete W9 form

Signature: _____ **Date:** _____

Approval of CiTEM BSC: _____ **Date:** _____