**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.

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| --- | --- | --- | --- |
| **Name:** |  |  **PID:** |  |
| **Address:** |  |
| **City:** |  |  **State:** |  |  **Zip:** |  |
| **Phone:** |  |  **Email:** |  |

**Estimated Student Loan Debt: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **What are your financial alternatives should a grant not be available for you?** |
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☐If awarded the grant, I agree to the following reporting and compliance terms:

* Complete W9 form

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval of Financial Aid Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**