



1556 Wisconsin Ave. NW
Washington, DC 20007
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202-333-2202

Initial Application for 2020 Emergency Covid-19 Grant

Name _____ DOB _____ Phone _____
Email _____
Address _____ City _____
_____ State _____ Zip _____

Please describe your emergency and how the current situation is affecting your studies.

Example (Change in living situation, illness, increased family expectations, increased job expectations (i.e. essential workers), job loss, loss of work or income.)

Please Provide a statement describing what the requested funds will be used for. Please provide an itemized list of potential expenses.

Example (Academic expenses, Childcare expenses, food, healthcare, housing, technology.)

I understand that:

- NCDA has a limited amount of emergency grant money.
- My request may be approved, reduced or denied.
- My financial, personal or academic information may be reviewed to determine my eligibility for these funds.
- Additional information may be requested and any information I provide may be verified.
- The funds I receive from the COVID-19 Student Emergency Grant Fund may be considered taxable income.
- These funds are not counted as income for financial aid purposes.
- All decisions rendered by the NCDA COVID-19 Committee are final.
- NCDA does not discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by federal and state civil rights regulations.

I Certify that:

- My financial Hardship is related to Covid-19 and is genuine.
- The information provided herein is complete and accurate.

Full Name _____

Signature _____

Date _____