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Financial Hardship Application

Demographic Information

First Name

Last Name

DBU Student ID Number

Preferred Phone Number

Preferred Email Address

Financial Information

Have you or the person(s) responsible for paying your tuition and fees, room and board, books, supplies, transportation, loan fees, and/or dependent care experienced job loss/income reduction directly due to COVID-19?

Yes

No

Select the component of your cost of attendance for which you are requesting funds.

Tuition

Housing

Food

Child Care

Health Care

(./)



applied directly to your student account?

Yes

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No

Please upload the billing statement to document your need for financial assistance.

Upload File



Company letter indicating job loss or change in employment, etc.

Upload additional documentation as needed

Upload File



Company letter indicating job loss or change in employment, etc.

By signing below, you acknowledge that all information provided is true and correct and that any funds awarded will be utilized to cover the expenses outlined within this application.

CLICK TO SIGN

x

