



University of South Carolina COVID-19 Employee Emergency Relief Fund Application

Applicant Information			
USC ID:	Name: (Last, First, Middle)		
Mailing Address	Street:	Apt/Unit #:	
City:	State:	Zip Code:	
Preferred Phone:	Alternate Phone:		
Preferred Email:			
Department Name:			
What is your current work status?			
Do you have any paid leave?	If so, when will it be exhausted?		
Have you filed for unemployment?	If so, how much were you given?		
Number of Members in Household:			
Monthly Expenses			
Rent/Mortgage:			
Utilities:			
Transportation/Car Payment:			
Food:			
Medical Care for Elderly Family Members:			
Add Total Monthly Essential Expenses:			
Total Monthly Household Income (prior to hardship):			
Total Monthly Household Income (currently):			
Total amount you are requesting:			
Demonstration of Hardship (you can continue a separate page if required):			
Are you willing to give a testimonial to help advertise the Hardship Relief Fund? (optional)			
<i>By signing this application, you give consent for your personal information to be discussed with members of the Hardship committee.</i>			
Employee:			Date:
Please return signed form to the Division of Human Resources, 1600 Hampton Street, Suite 801, Columbia, SC 29208 or email at COVID19Relief@mailbox.sc.edu .			
Note: Fund availability is subject to donations and the number of applications submitted.			