

ESHI Grant Application – Return completed form to dysonwellness@noctrl.edu

***This is a time-limited grant for this academic year 2023-2024.**

Please provide the following information to request assistance:

Last Name _____ First Name _____ ID# _____

Date _____ NC Email _____

Street Address _____ City _____

State _____ Zip Code _____

Phone _____

Preferred Method of Communication: Email Phone Either

Describe your need and any circumstances surrounding it: _____

Do you have health insurance? _____

If yes, please check box below:

Insurance in the state of Illinois?

Out of State insurance?

Other _____

Name of Health insurance company: _____

Race and Ethnicity (optional)

How would you describe yourself? Check all the apply:

Non-Hispanic White, Caucasian or Euro-American

Black, Afro-Caribbean, or African American

Latino / Latina or Hispanic American

East Asian or Asian American

Middle Eastern or Arab American

Native American or Alaskan Native

Pacific Islander or Native Hawaiian

I prefer not answer

Another ethnicity or race (specify) _____