



Student Name:

Averett Student ID # P000

*\_\_\_\_\_ I authorize Averett University to apply the grant funds that I am receiving from the Coronavirus Response and Relief Supplemental Appropriations Act, 2021(CRRSAA) to the current outstanding balance on my account.  
(please check box above)*

Student's Signature

Clearly Print Name & Last 4 digits of SS#

Date

**PLEASE PRINT, FILL OUT THIS FORM, AND RETURN TO FINANCIAL AID at  
[finaid@averett.edu](mailto:finaid@averett.edu) OR FAX 1-434-791-5647  
**RETAIN A COPY FOR YOUR RECORDS.****