



AMERICAN MEDICAL INSTITUTE INC.

BUILDING TOMORROW'S LEADERS TODAY.

6902 Cook Rd. Houston TX 77072

Higher Education Emergency Relief Fund Application

By completing this online application, the student identified below is applying for Higher Education Emergency Relief Funds ("HEERF") under the CARES Act. Under the CARES Act, these funds can only be used to provide emergency financial aid grants to eligible students for "expenses related to the disruption of campus operations due to coronavirus (including eligible expenses under a student's cost of attendance, such as food, housing, course materials, technology, health care, and child care)."

Please read the American Medical Institute Inc s CARES Act HEERF Student Share Grant Policy Which includes a complete list of eligibility requirements, and other important information. STUDENT INFORMATION (The following information may be down-loaded for the student for completion and signature)

Student's Name: _____

Student ID Number(last four digits of SSN) : _____

Program: Patient Care Technician (PCT)

Student's Signature: _____

Student E-mail Address: _____

6902 Cook Road.
Houston, Texas 77072
P: 713-772-5300, F: 713-772-4017.
www.amiinc.net. Email: info@amiinc.net



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Direct Deposit Profile (account information):

Phone Number: _____

IMPACT STATEMENT: Please describe the direct impact and types of incremental or unexpected expenses you incurred as a result of the disruption of campus operations due to the COVID-19 pandemic:

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HEERF ELIGIBLE EXPENSES

Students are encouraged to submit ALL expenses they incurred beginning of the program, 2021 related to the Disruption of Campus Operations due to Corona-virus:

UPLOAD SUPPORTING DOCUMENTS: Please submit supporting documents that will enable the Institute to confirm that you have incurred HEERF Eligible Expenses. Examples of supporting documents include receipts, invoices, new rental/lease agreement, and mileage calculations. Please include only expense information and redact or otherwise remove credit, debit, or bank account numbers, social security numbers, or similar personal confidential information prior to uploading such documents. If you cannot provide supporting documentation, please provide an explanation for the expenses you incurred. Appendix A HEERF Student Share Grant

Sample Online Application Form

Expenses incurred by category:

1. Food: \$ _____
2. Housing and moving: \$ _____
3. Course materials and technology: \$ _____
4. Healthcare and medical: \$ _____
5. Child care: \$ _____
6. Travel: \$ _____
7. Other (include a brief description): \$ _____

TOTAL AMOUNT REQUESTED: \$ _____

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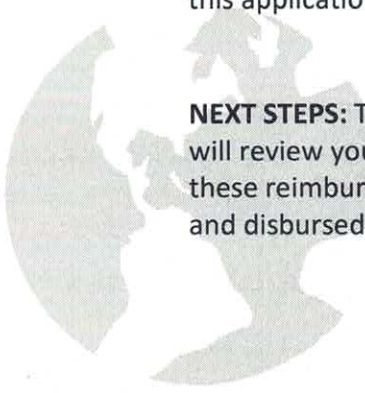


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Certification submitting this application, you are certifying to the Institute that you have read the Institute's HEERF Student Share Grant Policy and that the information in this application and the supporting documents provided are true and accurate



NEXT STEPS: Thank you for your HEERF Student Share Grant Application! The Institute will review your application and may contact you for further information. We know that these reimbursements are important and are working diligently to have them reviewed and disbursed as soon as possible!

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