



Schilling-Douglas School of Hair Design, LLC

CARES ACT – Higher Education Emergency Relief Fund Emergency Financial Aid Grants to Students

As part of the CARES ACT, the U.S. Department of Education has made Emergency Financial Aid Grants available to students of our institution who need financial support for their expenses related to the disruption of campus operations due to the Coronavirus COVID-19. This is a grant program and if you qualify, the grant does not require repayment. However, there is a statutory requirement that the **funds you receive through this program must only be used to cover expenses related to the disruption of campus operations due to the coronavirus (including eligible expenses under a student's cost of attendance, such as food, housing, course materials, technology, health care, and child care)**. This application permits students to apply for this need based grant. Your eligibility will be based on your responses on this application. Only one application will be considered per student.

REQUIRED: Please print your full name and mailing address. If eligible, funds will be mailed to the address provided below.

Student Name:

Last Four Digits of SSN:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Have you incurred expenses related to the disruption of campus operations due to the Coronavirus COVID-19 pandemic?

_____ YES

_____ NO

ONLY IF you answer YES to question above - Check all situations below that apply to you.

___ I am financially responsible for my food expenses.

___ I am financially responsible for my housing expenses.

___ I am financially responsible for expenses related to my course materials to attend school.

___ I am financially responsible for paying for technologies associated with attending online classes.

___ I am financially responsible for my own health care costs.

___ I have children and I am financially responsible for child care expenses.

If you qualify for and receive a grant, you will be required to verify its receipt via a form that will be emailed to you from the school in DocuSign.

Attestation (required):

I attest that all information on this application is true and accurate and that I am a Title IV eligible student. I am requesting an Emergency Financial Aid Grant to cover qualifying expenses incurred due to the disruption of campus operations from the coronavirus. I agree to abide by the statutory requirements regarding the acceptable uses of this grant. I agree that if I receive a grant, I will complete the required documentation verifying its receipt.

Student Signature

Date

ADMINISTRATION USE ONLY

Administrator: _____

Eligible: _____

Student Eligibility Amount: _____

Date Disbursed to Student: _____