



# Schilling-Douglas School of Hair Design

## Coronavirus Response and Relief Supplemental Appropriations Act HEERFII/CRRSAA Financial Aid Grants to Students Application

On December 27, 2020, the Coronavirus Response and Relief Supplemental Appropriation Act (CRRSAA) was signed into law. This law provides grants to proprietary institutions to use to provide financial aid grants to students. Funds may be used for any component of a student’s Cost of Attendance or for emergency costs that arise due to coronavirus such as tuition, food, housing, health care (including mental health care) or childcare. The institution is required to prioritize the disbursement of these funds to students with exceptional need such as Pell eligible students. Your eligibility will be based on your responses on this application. Only one application will be considered per student. If you qualify for a grant, you will be notified by the school business office.

### APPLICATION

**REQUIRED:** Please print. This application must be completed in full to be considered.

Student Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Postal Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Relief Requested – Enter Requested Amount**

Tuition: \$ \_\_\_\_\_

Housing Expense: \$ \_\_\_\_\_

Course Materials: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Personal Expenses: \$ \_\_\_\_\_

Health Care Costs (including mental health): \$ \_\_\_\_\_

Child Care Expenses: \$ \_\_\_\_\_

Please indicate your current level of need on the scale below. (circle)

I’m OK ..... I’m In Crisis

Please briefly explain the emergency cost that have arisen due to coronavirus you would like considered. Include a brief description of your circumstances and your primary need as a result of COVID-19. Please provide documentation to support your request, if possible.

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Attach separate sheet if more space is needed.

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**Consent to apply grant to students institutional account (optional)**

I hereby affirmatively consent to allow Schilling-Douglas School of Hair Design to apply this grant directly to my institutional account to cover tuition costs owed to the school. I understand the school may not require me to complete this request to receive a grant and understand that I retain the option to receive a direct disbursement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**Attestation (required)**

I attest that all information on this application is true and accurate and related to the COVID-19 emergency. I understand that I will be unable to revise this request after submitting it, and I understand that the administration of my school will determine my eligibility for grant monies based on my responses.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**ADMINISTRATION USE ONLY**

Student is PELL Eligible: \_\_\_\_\_ If yes, current EFC: \_\_\_\_\_

Eligible for HEERFII/CRRSAA Grant: \_\_\_\_\_ Student Eligibility Amount: \_\_\_\_\_

Date Disbursed to Student: \_\_\_\_\_