



# APPLICATION

*(New Applicants Only)*

## CARES Act- Emergency Financial Aid Grants to Students

Return completed application to: Theresa Pletcher at [tpletcher@sctc.net](mailto:tpletcher@sctc.net), via fax (814) 445-6716, or by mail at 281 Technology Dr., Somerset, PA 15501

**Deadline: JULY 1, 2020**

Name \_\_\_\_\_ Program \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Have You Completed a FAFSA?    YES    NO

Are You Currently Receiving Financial Aid and/or Scholarships?    YES    NO

Employment Status:    Working Full-Time    Working Part-Time    Not Working    Furloughed

**Please Check All Appropriate Boxes: How Have You Been Financially Impacted by the COVID-19 Pandemic?**

- Cost-of-Living Expenses (food, housing, transportation)
- Childcare Expenses
- Healthcare Expenses
- Instructional Expenses (technology, internet access, materials)
- Other (please explain) \_\_\_\_\_

**Please Explain Why You Need Emergency Grant Funds and How the Funds Will Be Used:** (include details about changes in household income and changes in monthly expenses due to the pandemic, such as additional childcare needs)

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*You may be asked to furnish documentation, including copies of bills, medical documents, receipts, etc. to support your request for emergency grant funds.*

**CERTIFICATION:**

**I acknowledge and verify that the aforementioned information is accurate and complete;**

**I understand that falsification of documents or withholding of information is prohibited;**

**I acknowledge that I am the student who is requesting the funds and that I am eligible under the grant guidelines to apply for emergency grant funds;**

**I understand that personal information may be requested by administration and used to verify my request;**

**I understand that completing this application for emergency grant funds does not guarantee that I will receive funds and that SCTC holds the final determination is assigning and releasing funds to students;**

**And, I will provide any additional documentation SCTC requests, in order to meet grant compliance guidelines.**

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

**Date** \_\_\_\_\_