



APPLICATION

CARES Act- Emergency Financial Aid Grants to Students

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

Deadline: May 20, 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)

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 _____