



Higher Education Emergency Relief Fund Emergency Fund Application

In response to COVID-19, the CARES Act was signed into law and the Higher Education Emergency Relief Fund was established. This second group of relief funds is to be issued to students whose education has been disrupted by the coronavirus and have experienced significant additional needs and hardships during the Spring 2020 semester. Individual hardships can include unexpected expenses (i.e. food, housing, course materials, technology, health care, or childcare), loss of employment, out-of-pocket medical expenses, or other basic needs.

Students may apply for up to \$200 to assist with financial hardship related to COVID-19. Spring 2020 degree or certificate seeking students are eligible to apply for emergency funds which will be awarded in accordance with federal, state and institutional rules and regulations. To be eligible for emergency relief funds, students **must meet all of the following criteria and provide documentation with application by e-mail to caresactemergency@shawneecc.edu** (please mark checklist below):

- ___ Not eligible for the Pell grant and for the general distribution of relief funds (students have already been notified directly from the Financial Aid Office about these funds)
- ___ Not ineligible for the Pell grant due to Lifetime Eligibility Used (LEU) or Satisfactory Academic Progress (SAP)
- ___ Not enrolled in all online courses prior to the COVID-19 disruption during Spring 2020 semester
- ___ Enrolled in 6 credit hours or more on April 20, 2020
- ___ Valid Social Security Number (**Attach a copy of your social security card**)
- ___ Registration with Selective Service, if student is male (**Attach a copy of your selective service card, if applicable**)
- ___ High School completion, GED, or completion of High School in an Approved Homeschool Setting (**Attach a copy of your high school or GED transcript, unless it is already on file in the SCC Records Office**)

Please print.

Student Information

Name _____ Shawnee ID # _____

Address _____ City _____ ST _____ ZIP _____

Phone _____ Email _____

Briefly explain how you have been financially affected by COVID-19 (**provide documentation**):

Emergency Amount Needed: \$_____ (not to exceed \$200)

Describe how you will use these funds:

Student's Signature

Date