



PACIFIC COLLEGE of HEALTH AND SCIENCE

Emergency Financial Aid Grant (CARES Act) Student Request Form

The U.S Department of Education has made available Emergency Financial Aid Grants that Pacific College of Health and Science can distribute to students that are eligible to receive Title IV Financial Aid and who need financial support for their qualified expenses related to the disruption of campus operations due to the Coronavirus (including education expenses, course materials, technology, food, housing, healthcare and childcare). This request form allows students to request these need-based grants. The office of Financial Aid will use the information you provide below to determine the amount you will receive. Once the **completed** form has been received, we will begin the process to award and mail a check to you.

Please respond as soon as possible; fill out the information requested below on this electronic form and email it to financialaid-sd@pacificcollege.edu Remember to provide your current mailing address, email and phone number below; we will use this information to update in our records and to mail these grant funds to you.

Student Name: _____ Email: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Check all expenses that you have incurred:

- Education expenses / Course Materials / Technology
- Food / Housing
- Healthcare / Childcare
- Job loss / Furlough
- Other. Please provide details: _____

I attest that all information is true and accurate, and I am requesting a one-time Emergency Financial Aid Grant to help cover the cost of expense incurred due to the COVID-19 pandemic. 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 to the questions above.

Student Name: _____ Student ID: _____ Program enrolled in: _____

Student Signature

Date

Administrative Use Only

Administrator Name: _____ Administrator Title: _____ Date Application Received: _____

Student Eligibility Amount: _____ Date Check Mailed: _____