



## 2021-2022 HEERF/CARES Act Grant Form

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ Student Cell/Primary Phone Number \_\_\_\_\_

The Higher Education Emergency Relief Fund (HEERF) provides institutions with limited funding to assist students who were directly or indirectly impacted by the COVID-19 Health Emergency. The Act requires the College to prioritize students with exceptional need. The College is using the results of the completed 2021-2022 FAFSA (the calculated EFC) to determine a student's need. Registered students who have completed a 2021-2022 FAFSA and have a completed financial aid file do not need to complete this form to be considered eligible for a HEERF award for spring semester.

If you are unable to complete a 2021-2022 Free Application for Federal Student Aid, complete and submit this form by Thursday, July 14 to be considered for a HEERF/CARES Act Grant for summer semester 2022

These funds must be used by eligible students to cover eligible expenses incurred due to the COVID-19 Health Emergency outlined by the Department of Education. Examples of eligible expenses include food, housing, course materials, technology, health care, childcare, etc.

Please complete the section below so that we may review and determine your eligibility. Please note that funding is limited and not guaranteed.

Please indicate your area(s) of impact below:

- Food
- Housing
- Course Materials
- Technology Needs
- Health Care
- Childcare
- Other

Based on the information provided, please explain how you were financially impacted by the COVID-19 Public Health Emergency:

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Federal regulations permit students to authorize use of CRRSAA funds for institutional expenses such as tuition and fees. Do you authorize Coastal Pines Technical College to apply CRRSAA funds to current institutional charges? You may rescind this authorization at any time prior to incurring charges.

"I certify that this information is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all financial aid monies received due to inaccurate, false or misleading information provided on this forms and /or any other documents submitted."

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this form to a CPTC Financial Aid Office or email to [finaid@coastalpines.edu](mailto:finaid@coastalpines.edu).