

## JCC CARES ACT GRANT APPLICATION

Jefferson Community College is committed to supporting the success of our students. In these unusual and unprecedented times, we recognize that students may face unexpected challenges in reaching their educational goals and require short-term financial support to achieve success.

The JCC CARES Act Grant is provided by the U.S. Government to support students that have been negatively impacted by the Covid-19 pandemic. This funding is available through the Higher Education Emergency Relief Fund authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

This grant intends to provide emergency funding to help students meet urgent, basic needs such as food, housing, course materials, technology, healthcare and childcare. This funding is a grant and **REPAYMENT IS NOT REQUIRED. Funding is limited and will be available on a first come, first served basis with a maximum award of \$1829.** 

To receive funding, this application MUST be completed and sent from your Jefferson student email to

financialservices@sunyjefferson.edu

## **Initial Eligibility for a JCC CARES Act grant:**

- Actively enrolled in at least one course for Spring 20, Summer 20 or Fall 20 semester
- Title IV eligible recipient for the Spring 20, Summer 20 or Fall 20 semester at JCC
- 2019-20 and/or 2020-21 FAFSA completed
- Maintaining satisfactory academic progress (SAP)

Student Name:	
JCC Student ID:	
Address:	
Please check any/all areas of y disruption of campus operation and list amount requested. (F	your expenses impacted from the ons caused by the COVID-19 pandemic inancial Aid reserves the right to
request additional informatio	<u>n and documentation).</u>
□ Technology	Amount Requested
□ Books and/or supplies	Amount Requested
□ Housing	Amount Requested
□ Food	Amount Requested
□ Transportation	Amount Requested
□ Utility Bills	Amount Requested
☐ Health Related Expenses	Amount Requested
□ Child Care Expenses	Amount Requested
□ Other Needs & Amount Requ	nested (Please state)

that all information I will incur allowable e health care, childcare	have provided is accurate the provided is accurate the provided is accurate the provided is accurate to the provided in the provided is accurate to the provided is accurate to the provided is accurate to the provided in the provided is accurate to the provided in the provided is accurate to the provided is accurate to the provided in the provided is accurate to the provided in the provided is accurate to the provided in th	this form, I acknowledge and certify rate and truthful. I certify that I have or ing, course materials, technology, as a result of the disruption of campuor exceed the amount of the CARES
I understand it is my	responsibility to notify	the Financial Aid office immediately
		eed the amount of my award.
Date:		
FOR OFFICE USE ON	<u>ILY</u> :	
FOR OFFICE USE ON Recommendation:		Denied
Recommendation:		
Recommendation:  Grant Amount:	Approved	
Recommendation:  Grant Amount:  Date:	Approved	