

Emergency Financial Aid Grants to Students Under the American Rescue Plan

The U.S. Department of Education has made Emergency Financial Aid Grants to students of our institution who need financial support for expenses related to a student's cost of attendance. This application permits students to apply for these grants. Campus administration will use the information you provide here to determine your eligibility for a grant and the amount for which you are eligible. Please fill out this application neatly and completely and return it to Rosedale Technical College's Financial Aid Department. Only active students who are participating in courses they are offered and are in good standing will be eligible to receive the grant.

Student Name:	
Email:	
Address:	
City:	State: Zip:
Last Four Digits of	SSN: Phone Number:
Have you incurred	expenses due to the disruptions caused by the Coronavirus pandemic?
YES	NO
Check all that app	y to you.
1a 1a 1h 1h 1a 1h O	m financially responsible for my food expenses m financially responsible for my housing expenses m financially responsible for expenses related to my course materials to attend school m financially responsible for my own health care costs ave children and am financially responsible for childcare expenses ave lost income due to the pandemic m a dependent student whose parent's income has been impacted by the pandemic ave unmet financial need that has resulted in a balance owed to the institution. her impact. Please use the space below to provide us with any additional information u would like the school to be aware of in relation to the impact of the pandemic on you.

I attest that all information is true and accurate, and I am requesting an Emergency Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus 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. I understand that I may be asked to provide further documentation.

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Signature	Date	
For Administration Use only		
School Official's Name:	Date Received:	_
School Official's Position:		
Student Eligibility Amount:		

I agree and attest that if I receive a grant, I will be responsible for using the grant for relevant expenses such as housing, food, course materials and supplies, health care child care, and other educational costs.

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