



College of the Siskiyous

Student Services CARES Act Emergency Grant Application (HEERF3)

(Application and documents should be sent via COS student email only to CaresAct@siskiyous.edu)

Student S# _____ Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Number of Units Enrolled: _____ (CARES Act Emergency Grants do not have a required unit amount. Any individual who is or was enrolled at an eligible institution on or after March 13, 2020, the date of the declaration of the National emergency due to Coronavirus, is eligible to receive the CARES Act Emergency Grant.

Number of K-12 students in the home if any: _____

Have you recently lost your job due to Covid-19? Yes No

Please estimate incurred expenses and list possible losses of employment since the Covid-19 pandemic and for which you are applying for the CARES Act emergency grant. (This means loss of job, higher utilities or cost for food, assistance for housing payments, medical and/or mental health expenses, materials costs, transportation, child care, storage and moving costs). Please also detail any assistance you may need in order to be successful attending an online/hybrid/on campus platform.

*Please Note that Cares Grant Funds can now be applied towards outstanding student balances. Please check the box below if you would like for COS to use the Grant to pay your outstanding balance, and if applicable, send you the remaining funds. **Grants will be paid to all eligible students.**

Expense	Amount	Expense	Amount
Internet Access	\$	Increase in utilities costs	\$
Childcare expenses	\$	Increase in food expenses	\$
Storage or relocation costs	\$	Course materials	\$
Technology	\$	Health care	\$
Transportation	\$	Other: Please explain in box below	\$

Explain:

Grants will be prioritized based on demonstrated need. Grant awards received may be less than the amount requested, based on limits received from the Federal Department of Education. All awards will be distributed through Bank Mobile. For information about how to set up a Bank Mobile account, please visit the Financial Aid page on our website: <http://www.siskiyous.edu/financialaid/bankmobile.htm>

Initials _____ In order to apply and be eligible for the CARES Act (HEERF) funding, I attest that I was in attendance at COS or received an excused withdrawal (EW) at any point on or after March 13, 2020 to present. The date in which the declaration of the National emergency due to Coronavirus was declared. **COS will verify this information while reviewing applications.**

By checking this box, you are requesting that your CARES Act funds first be applied to your balance on your student account. Once your account balance has been paid, any remaining funds will be distributed to you.

All of the above statements are true to the best of my knowledge. By signing this document, I attest that I have read, understood, and agree to the terms of the Covid-19 Emergency Grant Guidelines. I understand grant funding is limited and the amount I receive may not cover all my expenses. Covid-19 Emergency Grants (HEERF) provided are not expected to be paid back and do not count as taxable income.

Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Reviewed by: _____

Reviewed by: _____

Approved: Yes No

Comments:

Check Sent Date: _____

Employee Signature: _____