

**CARES Act Funding Application**

Cares act funding is available to currently enrolled students who are in need of additional financial resources as a result of the national COVID-19 pandemic. Students must be Title IV eligible for funds and are encouraged to complete a FAFSA application at [www.fafsa.gov](http://www.fafsa.gov). Please submit this application to [financialaid@pierce.ctc.edu](mailto:financialaid@pierce.ctc.edu).

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Please check items listed below where you have financial need that may affect your educational goals. [You may find additional resources on our web page.](#)

- |                     |                   |                   |
|---------------------|-------------------|-------------------|
| Housing & Utilities | Technology Needs  | Personal Safety   |
| Tuition             | Tutoring          | Child Care        |
| Food/Groceries      | Employment        | Transportation    |
| Books               | Health & Wellness | Automobile repair |

Other: \_\_\_\_\_

Please provide a brief statement of your current financial need as it relates to the disruption of campus operations due to coronavirus. *Example: No longer able to use campus computer labs, will need computer software.*

Please complete your current monthly budget (estimated figures are okay to use):

<b>Monthly Income \$</b>			
<b>Expenses</b>			
Rent/Mortgage		Utilities	
Renters/homeowners Insurance		Electric	
HOA		Gas	
Transportation - general		Water	
Car payment (s)		Cable/internet	
Auto Insurance		Sewer	
Groceries		Trash/recycling	
Credit Card Payments		Phone	
Miscellaneous		Childcare	
<b>Total amount of expenses per month \$</b>			

*By signing this document, I agree to allow college staff to contact me to follow up on my progress after the application is submitted. I verify that all information provided in this application is true. I understand that awards and amounts awarded are dependent on eligibility and funding availability. I certify that my request for funding is related to Coronavirus hardship.*

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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Date received \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

Student Completed a 19-20 FAFSA/WASFA application Yes \_\_\_\_\_ No \_\_\_\_\_ In progress \_\_\_\_\_  
EFC \_\_\_\_\_

19-20 Student COA \$ \_\_\_\_\_ Funds Awarded \$ \_\_\_\_\_

Student Completed a 20-21 FAFSA/WASFA application Yes \_\_\_\_\_ No \_\_\_\_\_ In progress \_\_\_\_\_  
EFC \_\_\_\_\_

20-21 Student COA \$ \_\_\_\_\_ Funds Awarded \$ \_\_\_\_\_

Additional comments:

Other funding sources student is receiving:

- TRIO ASPIRE UB Opportunity Grant Passport WRT Work Force Work First BFET VA  
Funding Scholarship Loans Early Achievers Pell FSEOG FWS SWS PC Grant WCG  
CB Gold Star Tuition Waiver