Emergency Financial Aid Grants to Student Under the Coronavirus Aid, Relief and Economic Security (CARES) Act

Section 18004 CARES Act - Student Application for Emergency Aid

Student First and I	Last Name:
Student Last Four	of Social Security Number:
Mailing Address:	
_	
Mobile number:	Alt number:
Email Address:	
Opt out for	text messaging (Standard Data Rates may apply)
grant is to be used function of consider these in a certify the follow I am eligible I understate	ole for Title IV Federal Financial Aid and that any money received is intended to cover my expenses related to the disruption of
campus op • All informa	ation provided as part of this application is true and correct to the best of my knowledge.
• I either file	ed a FAFSA or I am a high school graduate/hold a GED/eligible ECP student, am a citizen or mentation and have satisfied selective service registration if applicable.
	Summit College to use the information provided herein for the purpose of calculating the award of aid in accordance with the CARES Act.
Student Signature: _	Date:
**Note: By cashing requirements.	the check provided in response to this application you are certifying that you meet the eligibility

Main Campus: 804 E. Brier Drive, San Bernardino CA 92404 • (909) 422-8950 • (888) 416-3456 Santa Ana Branch: 1639 E. Edinger Ave., Santa Ana, CA 92705 • (714) 635-6232 • (877) 786-6485 El Cajon Branch: 411 N. Marshall Ave, El Cajon, CA 92020 • (909) 422-8950 • (888) 416-3456