Madison Adult Career Center CARES Act Student Emergency Fund 2021

With funds provided by the U.S. Department of Education to support students impacted by the COVID-19 emergency, the *CARES Act Student Emergency Fund* will award dollars to students whose studies at MACC were disrupted due to the coronavirus pandemic.

Eligible students must:

Students enrolled as of (or after) after July 1, 2020 AND currently enrolled or graduated. Withdrawn students or students on a LOA are included.

- Be enrolled in at least 96 in the 2020-2021 school year.
- Have a current FAFSA on file at MACC.
- Be eligible for TITLE IV funding.
- Demonstrate need for emergency expenses related to disruption of their education due to the COVID-19 outbreak.
- Submit a written statement with documentation to support a claim for emergency expenses.

Examples of emergency expenses or disruptions related to COVID-19 include, but are not limited to:

- Food
- Housing
- Child care

- Health Care
- Technology and equipment
- Transportation (non-routine repairs)

<u>APPLICATIONS WILL BE ACCEPTED UNTIL 4:00pm, April 30.</u> Determinations will be made after all applications are collected. Funds will be distributed in May.

All forms and documentation can be submitted in any of the following ways:

- o email to cmcmillen@madisonrams.net;
- o mail to 600 Esley Lane, Mansfield, OH 44905
- o fax to 419-589-2150
- o drop off at Madison Adult Career Center (call ahead for office hours)

For additional information or questions, please call the Financial Aid Office at 419-589-6363.

(Please see reverse side for application)

STUDENT NAME	PROGRAM
Amount you are requesting \$	
financial impact that the COVID-19 details as possible with documenta	e provide a detailed explanation regarding the negative orisis has had on you or your family. Provide as many ation attached (can include; receipts for utility bills, food, c. and/or employment termination letter). You may attach
SIGNATURES AND CERTIFICATI	ONS
Please read the following and ac	knowledge understanding by signing below:
	emergency funds. I understand that submission of an ard of funds or that I will receive the amount requested.
I certify that items in my personal s to the disruption of my education d	statement are a direct result of an emergency expense related ue to the coronavirus pandemic.
knowledge. I know I may be require that the information I submit may b	nation on this form is true and complete to the best of my ed to provide further information if necessary. I understand be shared with institutional staff that have a need to know for sing this application, and/or to comply with institutional policy

Student Signature

Date