**Los Angeles Campus (Main)**
3440 Wilshire Blvd. Ste 310 • Los Angeles, CA 90010
Tel: (213) 487-2211 • Fax: (213) 487-2299

**City of Industry Campus (Branch)**
17595 Almahurst St. Ste 101-3 • City of Industry, CA 91748
Tel: (626) 965-5566 • Fax: (626) 965-1166

# Emergency Financial Aid Grants to Students Under the Coronavirus AID, Relief, and Economic Security (CARE) Act

The U.S. Department of Education has made Emergency Financial Aid Grants to students of our institution who need financial support for their expenses related to the disruption of campus operations due to Coronavirus. This application permits students to apply for these need-based grants. College administration will use the information you provide here to determine your eligibility for only one grant, and one application will be considered per student. Please fill out this information neatly and completely and provide it to your Financial Aid Office. **Only active students who are participating in courses actively and who are in good standing will be eligible to receive a grant.**

| | | | |
|---|---|---|---|
| Student's Name | | | |
| Last 4 digit of SSN | | Phone Number | |
| Email | | | |
| Program Name* | **Example: Vocational Nursing, Medical Assistant* | | |
| Current Address | | | |

**Have you incurred expenses due to disruptions caused by the Coronavirus pandemic?** ☐ **YES** ☐ **NO**

If you marked, "YES", check all situations that apply to you.

- ☐ I am financially responsible for my food expenses
- ☐ I am financially responsible for my housing expenses
- ☐ I am financially responsible for expenses related to my course materials to attend school
- ☐ I am financially responsible for paying for technologies associated with attending online classes
- ☐ I have children and am financially responsible for childcare expenses
- ☐ I am financially responsible for my own health care costs or other personal/misc. expenses

By signing this form, I certify that all information is true and accurate, and I am requesting a one-time 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 agree to provide receipts and or/other documents requested in support of this application if requested later.

Student Print Name _____ Signature _____ Date _____

**Electronic and typed signatures are not acceptable**. Please submit your completed application *by mail* to the Office of Financial Aid, Angeles College, 3440 Wilshire Blvd. Suite 310, Los Angeles, CA 90010 or *by fax* to 213.487.2299 or *by email* to Kathy Torrance, Director of Financial Aid at ktorrance@angelescollege.edu

**FOR AMINISTATION USE ONLY***

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|---|---|---|---|
| Financial Aid Dir. Signature | | Received Date | |

**This application will be forwarded to the Angeles College - The CARES ACT emergency grant committee for review and approval*