EMERGENCY AID REQUEST 2019-2020

This request form provides the Financial Aid Office with the information necessary to determine which type of additional financial aid you may qualify for. Currently, students may qualify for a CARES Grant to cover basic living needs, a Special Circumstances Appeal of your current financial aid package, and/or a Hardship Grant.

Part I: Contact Information (to be completed by the student)

Student Name: ____________________________  Student ID: _______________________
Email: ________________________________  Phone: __________________________

Part II: Written Statement and Documentation

Write a detailed statement on a separate document and attach it to this form. Please include your name in the document name. Your statement should demonstrate the type and severity of your hardship in a way that helps us best understand your need. Please address all that apply.

- Have you experienced a loss or reduction of employment?
- How are you experiencing food or housing insecurity?
- Are you parenting any children?
- Where are you in your educational trajectory at PNCA?
- How will this grant address your needs?

Supplemental questions:

- Have you experienced income reduction due to loss of job between 2018 and present?
- Do you have excessive medical/dental expenses not covered by insurance?
- Are you paying private elementary or secondary tuition expenses for dependent children?
- Have you experienced a change in income due to divorce or separation?
- Have you experienced the death of a parent or spouse recently?

I need emergency assistance for the following expenses. Please check all that apply:

- Rent and utilities
- Childcare expenses
- Food / groceries
- Insurance costs for self and dependents
- Medication / prescription expenses
- Books, tuition, fees, or other school related expenses
- Issues related to transportation
- Safety related needs (i.e. changing locks, short term emergency shelter)

Affidavit

I certify that the information provided is complete and accurate to the best of my knowledge and understanding.
I will inform the Financial Aid Office in writing within two weeks if any changes to the above information occur.
I understand that additional documentation may be requested and that incomplete requests will not be considered.

Student’s Signature __________________________________ Date ______________________

EFC: _______ Need: _______ Amount Approved ______________ By: ________________
Notes: ____________________________________________________________________
___________________________________________________________________________

Note: Submission of this appeal form is not a guarantee of funds. Emergency financial aid grants will be made in accordance with Section 18006 of the CARES Act and all applicable laws including non-discrimination laws.