



Santiago Canyon College

Name of Applicant (please print):

RETURN TO:

Financial Aid Office:

Email: Finaid@sccollege.edu

Last

First

Middle Initial

Student ID#: _____

The Higher Education Emergency Relief Fund Request

The Higher Education Emergency Relief Funds (HEERF) provide students with emergency aid to help students afford to stay in school during these unprecedented times due to COVID 19. To request this emergency grant, you must meet all the eligibility requirements below, complete and email this application to the [Santiago Canyon College Financial Aid Office](#) to finaid@sccollege.edu. The emergency aid is to be used for **URGENT** needs related to student expenses caused by COVID-19.

In order to qualify you must meet all of these eligibility requirements:

1	Student must have a 2020-2021 FAFSA (Free Application for Federal Student Aid) on file with SCC with a valid Expected Family Contribution result
2	Student must be actively enrolled in/or have completed 3 college credit units for Intersession/Spring 2021 semester
3	SCC must be student's "home location" on student record
Additional documentation may be requested by the financial aid office to determine eligibility	

Dollar amount requested (*maximum amount of \$2,000 per academic year*): _____

Explanation for Emergency Grant:

Be specific on your explanation for this emergency grant. Requests without adequate explanation will be denied. Please provide supporting documentation if possible.

I understand that this is a request for a one-time emergency grant. This is not a loan and does not need to be repaid. **Additional documentation may be requested.** These funds are limited, are not an entitlement, and are to be distributed at the discretion of the Assistant Dean of Financial Aid. Applications will be evaluated in the order received until funds are depleted.

Student Certification

(Type your name to self-certify you understand the conditions of this emergency aid grant application)

Date

For office use only:

Request Approved. Student has an urgent need for emergency grant due to COVID 19

Approved Amount: _____

Request Denied

Reason for approval/denial:

Administrator's Signature: _____

Date: _____