



**CARES Act - Additional
Financial Aid Application**

Fall 2020

Fill out this form and submit to the financial aid office by email (FAO@gogebic.edu), mail, or fax (see the bottom of the page for our mailing address and fax number).

PART 1: Student Information

_____	_____	_____	_____	_____
Last Name	First Name	MI	Date of Birth	Student ID
_____			_____	
Address (include Apt. #)			Email Address	
_____	_____	_____	_____	
City	State	Zip Code	Phone Number (include area code)	

PART 2: COVID-19 Related Expenses

1. For Fall 2020 - have you completed a 2020-21 FAFSA? Yes No *You must have a FAFSA on file for the award year that you are requesting aid.*

2. Have you encountered any unexpected expenses after March 13th, 2020 due to the campus disruption caused by the COVID-19 pandemic? Check all that apply.

<input type="checkbox"/> Medical expenses	<input type="checkbox"/> Childcare expenses	<input type="checkbox"/> Other expenses (explain) _____
<input type="checkbox"/> Technology expenses (computer, internet access, webcam, etc.)	<input type="checkbox"/> Grocery/Food expenses _____	
<input type="checkbox"/> Transportation expenses	<input type="checkbox"/> Housing expenses _____	
	<input type="checkbox"/> No unexpected expenses _____	

3. How much emergency relief aid are you requesting? Please only request what you need as funds are limited.

<input type="checkbox"/> \$100	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$700	<input type="checkbox"/> \$900	<input type="checkbox"/> Other: \$ _____
<input type="checkbox"/> \$200	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,000	

Please be aware that funds are limited. If you receive emergency relief funds, it may be less than the amount you request here.

I hereby swear or affirm that all information on this form and any attachment(s) hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the filer(s) to a fine or imprisonment or both, under provisions of the United States Criminal Code. I will, if requested, provide documentation certifying the above expenses and resources.

Awards for Fall will be disbursed after the last day to drop with a full refund for the semester in which you are applying for aid.

_____	_____		
Student Signature	Date		
Submit this worksheet with all required documentation to the GCC Financial Aid Office.	E-mail FAO@gogebic.edu	In person or Mail: Gogebic Community College, Financial Aid Office, E 4946 Jackson Road, Ironwood, MI 49938	Fax: 906-932-2339

FAO USE ONLY

COA: _____	Calculation: _____	Award Amount: _____
TFC: _____		FAO Initials: _____
Unmet _____		Date: _____
Need: _____		