



**CARES Act - Additional  
Financial Aid Application**

**Summer 2020 and 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 which semester are you applying for additional aid?  Summer 2020 For Summer 2020 - have you completed a 2019-20 FAFSA?  Yes  No

You must have a FAFSA on file for the award year that you are requesting aid. Summer 2020 is part of the 2019-20 year and Fall 2020 is part of the 2020-21 year.  Fall 2020 For Fall 2020 - have you completed a 2020-21 FAFSA?  Yes  No

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.

Medical expenses  Childcare expenses  Other expenses (explain) \_\_\_\_\_

Technology expenses (computer, internet access, webcam, etc.)  Grocery/Food expenses \_\_\_\_\_

Transportation expenses  Housing expenses \_\_\_\_\_

No unexpected expenses \_\_\_\_\_

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

\$100  \$300  \$500  \$700  \$900  Other: \$ \_\_\_\_\_

\$200  \$400  \$600  \$800  \$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 Summer and 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
<b>Submit this worksheet with all required documentation to the GCC Financial Aid Office.</b>	<b>E-mail:</b> FAO@gogebic.edu
	<b>In person or Mail:</b> Gogebic Community College, Financial Aid Office, 4946 Jackson Road, Ironwood, MI 49938
	<b>Fax:</b> 906-932-2339

**FAO USE ONLY**

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