



CARES Act - Additional Financial Aid Application

Spring 2021

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? Spring 2021 For Spring 2021 - 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. Spring 2021 and Summer 2021 are part of the 2020-21 year. Summer 2021 For Summer 2021 - 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.

COVID-19 related medical expenses Childcare expenses Other expenses (explain) _____

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

Housing expenses _____

Transportation 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 Spring and Summer 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, 4946 Jackson Road, Ironwood, MI 49938 |
| | Fax: 906-932-2339 |

FAO USE ONLY

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