



# Saint Michael

COLLEGE OF ALLIED HEALTH

June 9, 2020

## CARES Act Fund Eligibility Letter

Saint Michael College of Allied Health has received funding from the Department of Education to provide emergency grants directly to students for their expenses related to the disruption of campus operations due to coronavirus. This means if you incurred expenses in the following categories related to the campus closure, you may be eligible. These expenses include food, housing, course materials, technology, health care, and child-care expenses.

Please note, the Department of Education has stipulated the following:

Only students who filed the FAFSA or are eligible to file a FAFSA (meaning eligible to receive federal student aid) may receive these funds

We must have a valid FAFSA on file for you in order to award you the grant.

A handwritten signature in blue ink, appearing to read "Michael Adedokun".

Michael Adedokun, Ph.D.

President/CEO

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# SAINT MICHAEL COLLEGE OF ALLIED HEALTH

## REQUEST FOR EMERGENCY FINANCIAL AID GRANT FUNDS

Under the CARES Act, Pub. L. No. 116-136

Student name: \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_

Street address (at which I am sure to receive my Grant check):  
\_\_\_\_\_

City, State and Zip code: \_\_\_\_\_ Email: \_\_\_\_\_

Have you incurred expenses related to the disruption of campus operations due to coronavirus (COVID-19), such as food, housing, course materials, technology, health care and/or childcare expenses? \_\_\_\_\_ YES \_\_\_\_\_ NO

<u>CATEGORY OF EXPENSE</u>	<u>AMOUNT I HAVE PAID OUT</u>
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FOOD	\$ _____
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HOUSING	\$ _____
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COURSE MATERIALS	\$ _____
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List materials: \_\_\_\_\_

TECHNOLOGY	\$ _____
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List technology: \_\_\_\_\_

HEALTHCARE	\$ _____
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CHILDCARE	\$ _____
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I hereby attest that the information provided above is true and correct. I understand I am requesting an Emergency Financial Aid Grant to assist me with costs that I have incurred related to the COVID-19 pandemic. Further acknowledge that while my school will attempt to assist me to the greatest extent possible, I understand funds are limited and are to be shared among all eligible students.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR SCHOOL USE ONLY

Applicants please do not enter information in this section.

Total Grant Amount Approved: \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_

Signature and Title of School Representative: \_\_\_\_\_



# **SAINT MICHAEL COLLEGE OF ALLIED HEALTH**

## **IMPORTANT**

### **INSTRUCTIONS FOR COMPLETION OF REQUEST FOR EMERGENCY FINANCIAL AID GRANT FUNDS FROM SMCAH**

Under the CARES Act, Pub. L. No. 116-136

On March 27, 2020, the corona Aid, Relief, and Economic Security Act (CARES Act) was signed into law. The CARES Act authorized the Higher Education Emergency Relief Fund, which provides emergency funding for students and institutions impacted by the COVID-19 pandemic. On April 9, 2020 the US Secretary of education announced that the student funding was being made available to institutions to award and disburse to students who have incurred expenses related to the disruption of campus operations due to coronavirus, including eligible expenses under the student's Cost of Attendance, such as food, housing, course materials, technology, health care and child care.

For these emergency grants to be fairly and compliantly awarded, you (and all requesting students) must provide information to the institution regarding the Coronavirus related expenses you have incurred. On the attached form, please provide details and amounts of any of the types of costs you may have incurred.

To be eligible to receive funds, you must meet the eligibility requirements listed on the SMCAH CARES Act page and have your application approved by the college. All applications must be received by **June 15, 2020**.

For your completed application to be approved, it must include:

1. Your full name
2. Last 4 digits of your social security number
3. The address to mail your check once your application is approved
4. Whether you have incurred Coronavirus related expenses and an estimate of those expenses
5. Your hand written signature and date (electronic signatures or types names will not be accepted)

To complete #5, you will need to print the application and sign it. For students unable to print, there are a number of blank copies available at SMCAH's front desk.

**To submit your application for funds, take a photo of, or scan, the signed form and email it to [info@stmichaelcollegeva.edu](mailto:info@stmichaelcollegeva.edu)** Alternatively, you may bring your signed, completed application to SMCAH and leave it with the front desk.

You will receive and email when the SMCAH staff evaluates your application. Checks will be issued by mail to students with approved applications within 30 days of the application deadline.

If you have any questions, contact the campus Director Ms. Catherine Adedokun, as soon as possible at 202-388-5500.