



staple all supporting documents to this form

Notice: Under special funding of the CARES ACT Higher Education Emergency Relief Fund - IHE (CFDA: 84:425E) and by order of the Secretary of Education, Funding has been allocated to Summit Academy OIC for the purpose of providing direct financial assistance to enrolled students to cover eligible expenses related to the disruption of campus operations due to coronavirus.

In compliance with said order of the Secretary of Education, Summit Academy OIC has developed a policy that seeks to provide support to as many eligible students as possible in fair and equitable manner. Students applying for Emergency Support Funds must agree to use said funds in the manner indicated in the request, and students agree to provide all necessary supporting documentation requested for said expenses.

By my signature, I hereby attest that I have read and understand the above notice: **X** _____

Student Name: _____ Application Date: _____

Student Currently Enrolled in Program: _____

Student is Title IV eligible? Circle one

Yes	No
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Verified by: _____
 advisor initial

Student Contact Number: () _____

EMERGENCY SUPPORT REQUEST (\$3,000 maximum)		
Category	\$ Request	Received (initial)
Grocery (\$100 increments)	\$ 400.00	
Gas Card (\$50 increments)	\$ 100.00	
Laptop	\$ 458.00	
Total Disbursement 1 (approx. week 1)	\$ 958.00	
Living Expenses Stipend - Disbursement 2 (approx. week 15)	\$ 2,042.00	
Total Disbursements 1 & 2	\$ 3,000.00	

Date

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Student Signature: **X** _____

Support Services Approval **X** _____

Finance Department Approval **X** _____