



Emergency Financial Aid Grants to Students Under the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act

Student Name: _____
(Please Print)

ID#: _____

I have completed and submitted my application to The Fab School to participate in the “Emergency Financial Aid Grant to Students” provided by the U.S. Department of Education to Title IV eligible and enrolled students at The Fab School on March 19, 2020. The purpose of the Grant is to provide active students enrolled at The Fab School, who are in good standing (attendance and academically) who are in need of financial support for their expenses related to the disruption of instruction at The Fab School campus operations due to the Coronavirus (COVID-19).

I understand that The Fab School has verified my “good standing” and eligibility for this Grant, based upon the submission of my application for Financial Aid and its determination of being eligible for Federal Title IV programs. The amount of Grant funds was determined by the administration of The Fab School to help cover some of the cost of expenses incurred due to the Coronavirus pandemic. I also understand that I am ONLY eligible for one need-based Grant disbursement, and that I do not need to repay this Grant. My application stated that one or more of the following conditions resulted from disruptions in my training program as caused by the Coronavirus pandemic.

- *I am financially responsible for my food expenses*
- *I am financially responsible for my housing expenses*
- *I am financially responsible for expenses related to my course materials to attend school*
- *I am financially responsible for my own health care costs*
- *I have children and am financially responsible for childcare expenses*
- *Other reasons (as noted on my application)*

With my signature below, I acknowledge and attest to the fact that The Fab School has presented to me a check in the amount of \$714.91 which I will use to use at my discretion and/or financial need as a result of the **Emergency Financial Aid Grants to Students Under the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act.**

Student Signature: _____ Last 4 Digits of SSN: _____ Date of funds received: _____

Address: _____ City: _____ State: _____ Zip: _____

Attestation by School Administrator of funds being presented to student

Date