

Atlanta Metropolitan State College

CARES ACT | Emergency Grant

The funds to be used to cover expenses related to the disruption of campus operations due to coronavirus (including eligible expenses under a student's cost of attendance, such as food, housing, course materials, technology, health care, and child care).

Please review the "Eligibility Criteria" listed below before completing the application.

Student Eligibility Criteria

1. Student must be enrolled in Atlanta Metropolitan State College as of March 13, 2020 and/or currently registered for summer classes.
2. Must be Title IV eligible with a current completed FAFSA on file
3. Eligible expenses include, but are not limited to utilities, housing/rent, food, medical/dental, transportation and childcare.
4. Student is required to provide legitimate proof and documentation of the emergency.
5. This particular grant program only provides one-time funding for students.

Key Steps

1. Make sure that eligibility criteria are met.
2. Gather all supporting documents and other legitimate proof of the emergency.
3. Complete application in its entirety. Incomplete applications are not accepted.

Emergency Grant Contact
caresact@atlm.edu

**ATLANTA METROPOLITAN STATE COLLEGE
CARES ACT EMERGENCY GRANT PROGRAM APPLICATION
Page Two**

Name (Last, First, MI)	AMSC ID#
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Local Address	Phone #
	AMSC Email

Please write a detailed description of the emergency. You may attach additional pages for your explanation. Supporting documents are required before the application can be processed. Also explain what will happen if you do not receive this funding.

YOU MUST ALSO COMPLETE PAGES TWO AND THREE OF THE APPLICATION | ATTACH ALL SUPPORTING DOCUMENTATION

Amount of Funds Requested: \$ _____ Date _____

**ATLANTA METROPOLITAN STATE COLLEGE
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Name: _____ **AMSC ID #:** _____

Category of Aid (Category for the reason of the aid amount requested – see below): _____

U=Utilities; R=Rent/Housing; M=Medical/Dental; V=Vehicle expenses (repair, etc.); G=Gas; P=Public Transportation Pass; C=Childcare; F=Food; O=Other; I = Ineligible award category

Applicant's Certification

By submitting this emergency grant request, I acknowledge and give consent for data to be shared with the Department of Education. I understand that my information will not be sold for any purpose and will not be distributed to other parties. Examples of data shared include, but are not limited to: student name and ID, enrollment status, annual income, EFC, emergency request amount, emergency request type, name, etc.

Applicant's Signature _____ **Date** _____

**ATLANTA METROPOLITAN STATE COLLEGE
CARES ACT EMERGENCY GRANT PROGRAM APPLICATION**

Name: _____ **AMSC ID #:** _____

Please read and sign below.

By signing below, I acknowledge that I have read the eligibility requirements for the Atlanta Metropolitan State College CARES ACT Emergency Grant Fund, and I certify that the information that I have provided in the application (and attached, if applicable) is true, accurate, and complete to the best of my knowledge. I further understand that following my direct or indirect receipt of any grant funds, if it is found that there was misrepresentation of information provided, or misuse of funds granted to me, I will be required to repay the grant funds. I also understand that falsifying or withholding information in this application may result in a referral to the Office of Student Conduct.

Applicant's Signature **Dat**

Name: _____

AMSC ID #: _____

Please read and sign below.

FERPA Form for Release of Student Financial Aid Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Educational records include student account and financial aid records which are considered confidential and will not be released without consent from the student. In accordance with FERPA, it is necessary for the Office of Financial Aid at Atlanta Metropolitan State College to obtain written consent from the student in order to release any financial aid or student account information to a third party.

I, (print full name) _____, AMSC ID# _____ hereby authorize Atlanta Metropolitan State College, Office of Financial Aid and the Office of Fiscal Affairs, to release my financial aid records, as indicated below. I hereby grant the permission to release any information regarding my financial aid which could include FAFSA application information; aid package; needs analysis results and /or financial aid disbursements. This consent is valid but can be rescinded only by written consent of the student. Offices and individuals assisting with the following program are authorized to access the information indicated above:

The Atlanta Metropolitan State College, CARES ACT Student Emergency Grant Fund Program.

This is to attest that I am the student signing this form. I am authorizing Atlanta Metropolitan State College, Office of Financial Aid and Office of Fiscal Affairs, to disclose these records.

Student's Signature _____ Date _____

Phone _____ Email Address _____

Save As

Email the completed form to caresact@atlm.edu

DO NOT WRITE BELOW THIS LINE

Completed Application Submission Date _____

I have reviewed the student's completed application and recommend:

REQUEST APPROVED

Committee Member 1 (Print) _____ Signature _____ YES NO

Committee Member 2 (Print) _____ Signature _____ YES NO

Committee Member 3 (Print) _____ Signature _____ YES NO

Committee Member 4 (Print)-----Signature ----- YES -----NO

Reason for denial:

Approved Amount \$ _____ Date Submitted to Fiscal Affairs _____

Date of Disbursement _____ Fiscal Affairs Representative Signature _____