

**IBS School of Cosmetology and Massage
Student Emergency Financial Aid Grants Application & Attestation**

Student Name: _____

Current Mailing Address: _____

Cell Phone Number: _____

Email Address: _____

Date: _____

Amount of Award: _____

Please return this application/attestation statement to the Financial Aid Office as soon as possible but no later than August 21, 2020. Failure to return this attestation statement by this date may result in your grant award being forfeited and those funds being used to make additional grants to other students.

Please explain why you need emergency financial support. If needed, attach additional pages with your name and SSN. Submit any supporting documentation that demonstrates your situation along with this form (i.e. child care receipts, medical bills, etc).

Explain how you are currently addressing your financial need and what sources you have utilized:

See following page:

I certify the following:

- All information provided in this Attestation is true and correct to the best of my knowledge.
- I am eligible for Title IV Federal Financial Aid.
- I understand that any money awarded from this grant is to be used for expenses related to the disruption of campus operations due to coronavirus. These expenses include eligible expenses under a student's cost of attendance in the calculation of Federal Financial Aid, such as food, housing, course materials, technology, health care, and childcare. The money I am receiving is intended to cover my expenses related to the disruption of campus operations.

If my application is approved, I accept the grant award provided to me from funding made available to the IBS School of Cosmetology and Massage under the CARES Act.

I understand that if IBS is unable to locate me and/or distribute any part of my grant award after making reasonable efforts that I will forfeit such funds and that the School may use those funds to make additional grants to other students.

Student Signature

Date