

## CARES Act Funding Application

Cares act funding is available to currently enrolled students who are in need of additional financial resources as a result of the national COVID-19 pandemic. Students must be Title IV eligible for funds and are encouraged to complete a FAFSA application at [www.fafsa.gov](http://www.fafsa.gov). Please submit this application to [financialaid@fxua.edu](mailto:financialaid@fxua.edu).

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Please check items listed below where you have financial need that may affect your educational goals.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Housing & Utilities | <input type="checkbox"/> Technology Needs | <input type="checkbox"/> Personal Safety   | <input type="checkbox"/> Tuition           |
| <input type="checkbox"/> Tutoring            | <input type="checkbox"/> Child Care       | <input type="checkbox"/> Food/Groceries    | <input type="checkbox"/> Employment        |
| <input type="checkbox"/> Transportation      | <input type="checkbox"/> Books            | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Automobile Repair |
| <input type="checkbox"/> Other _____         |   |  |  |

Please provide a brief statement of your current financial need as it relates to the disruption of campus operations due to corona virus.  
Example: No longer able to use campus computer labs, will need computer software.

Please complete your current monthly budget (estimated figures are okay to use):

Monthly Income \$			
Expenses			
Rent/Mortgage		Utilities	
Renters/homeowners Insurance		Electric	
HOA		Gas	
Transportation - general		Water	
Car payment (s)		Cable/internet	
Auto Insurance		Sewer	
Groceries		Trash/recycling	
Credit Card Payments		Phone	
Miscellaneous		Childcare	
Total amount of expenses per month \$			

By signing this document, I agree to allow FXUA staff to contact me to follow up on my progress after the application is submitted. I verify that all information provided in this application is true. I understand that awards and amounts awarded are dependent on eligibility and funding availability. I certify that my request for funding is related to Coronavirus hardship.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only		
Date received _____	Amount Approved \$ _____	
Student Completed a 19-20 FAFSA Application Yes <input type="checkbox"/> No <input type="checkbox"/>	In Progress <input type="checkbox"/>	
EFC 19-20 _____ Student COA \$ _____	Funds Awarded \$ _____	
Student Completed a 20-21 FAFSA Application Yes <input type="checkbox"/> No <input type="checkbox"/>	In Progress <input type="checkbox"/>	
EFC 20-21 _____ Student COA \$ _____	Funds Awarded \$ _____	
Additional Comments:  		
Other funding sources student is receiving: <input type="checkbox"/> VA Funding <input type="checkbox"/> Scholarship <input type="checkbox"/> Loans <input type="checkbox"/> Pell <input type="checkbox"/> FSEOG <input type="checkbox"/> FSEOG FXUA Non-Federal Match		