

**SUNY SCHENECTADY**  
COUNTY COMMUNITY COLLEGE

Financial Aid Office • SUNY Schenectady • 78 Washington Ave • Schenectady, NY 12305  
Tel: (518) 381-1468 • Fax: (518) 381-1477 • email: fa@sunysccc.edu

**REQUEST FOR CARES EMERGENCY GRANT**

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

In response to the COVID-19, SUNY Schenectady converted all classes to remote instruction during the spring 2020 semester. The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act authorizes colleges to award emergency financial aid grants to students for their expenses related to the disruption of campus operations due to coronavirus, such as food, housing, course materials, technology, health care, and child-care expenses. This form allows students to request a federal CARES Emergency Grant.

Complete the request below if you, the student, **have incurred expenses that are related to the disruption of campus operations due to coronavirus**. Eligible expenses include food, housing, course materials, technology and computer, health care, dependent care, transportation, and other financial aid hardships.

**STUDENT INSTRUCTIONS**

1. In the table below, indicate each expense that you have incurred that is related to the disruption of campus operations due to coronavirus by checking the appropriate box. List each expense separately. This document allows for the identification of up to six qualifying expenses.
2. Indicate a dollar amount associated with each expense.

**LIST OF EXPENSES**

1.	Expense Type:	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Course Materials	<input type="checkbox"/> Technology & Computer <input type="checkbox"/> Health Care <input type="checkbox"/> Dependent Care	<input type="checkbox"/> Transportation <input type="checkbox"/> Other Financial Hardship: <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">Describe other</div>
	Amount:			
2.	Expense Type:	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Course Materials	<input type="checkbox"/> Technology & Computer <input type="checkbox"/> Health Care <input type="checkbox"/> Dependent Care	<input type="checkbox"/> Transportation <input type="checkbox"/> Other Financial Hardship: <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">Describe other</div>
	Amount:			
3.	Expense Type:	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Course Materials	<input type="checkbox"/> Technology & Computer <input type="checkbox"/> Health Care <input type="checkbox"/> Dependent Care	<input type="checkbox"/> Transportation <input type="checkbox"/> Other Financial Hardship: <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">Describe other</div>
	Amount:			

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4. Expense Type:	<input type="checkbox"/> Food <input type="checkbox"/> Technology & Computer <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Other Financial Hardship: <input type="checkbox"/> Course Materials <input type="checkbox"/> Dependent Care	Describe other
Amount:		

5. Expense Type:	<input type="checkbox"/> Food <input type="checkbox"/> Technology & Computer <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Other Financial Hardship: <input type="checkbox"/> Course Materials <input type="checkbox"/> Dependent Care	Describe other
Amount:		

6. Expense Type:	<input type="checkbox"/> Food <input type="checkbox"/> Technology & Computer <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Other Financial Hardship: <input type="checkbox"/> Course Materials <input type="checkbox"/> Dependent Care	Describe other
Amount:		

**AUTHORIZE AND SIGN:**

By signing below, I certify that the information submitted with this Emergency Grant Application is true and complete to the best of my knowledge. I agree to notify the Financial Aid Office at SUNY Schenectady of any error, omission, or of any further circumstances that may affect the accuracy provided information. I acknowledge that the Financial Aid Office reserves the right to request additional information, receipts, and documentation. I acknowledge that an application for emergency grant funding does not guarantee that the request will be approved.

This completed form should be returned to the financial aid office. A typed signature will only be accepted if the application is submitted to the financial aid office either in-person or from your college email account.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date