



2020 SSC CARES Funding Application

Please complete by typing in the fields below or with black/blue ink.

SSC is happy to help however possible. It is imperative that you complete this application completely and honestly. While we understand that some of this information is sensitive, it is only asked so that the committee can make a fully informed decision and help you in the best way possible. All of your information is confidential and your information will be presented to the committee anonymously (meaning the members of the committee will not know your name). The SSC CARES Committee will meet each month to review applications and award funds. Please see the attached FAQ for additional information. Again, please read carefully and answer ALL SECTIONS of this form.

SECTION A: STUDENT INFORMATION

Last Name	First Name	Initial	Date of Birth
SSC ID# (required)	Email	Phone Number (include area code)	

SECTION B: VERIFICATION OF FEDERAL QUALIFICATIONS

Section B-1 – Established your Title IV eligibility (this is not tied to income, only that you have completed one of the three below)

Please mark the box that best describes your situation:

- I have completed a 19-20 FAFSA.
- I have completed a 20-21 FAFSA.
- I will complete a CARES Act Self-Certification form and submit it with my application.
(See FAQ in this packet for instructions on how to submit a self-certification form)

Section B-2 – Establish the expense(s) you have experienced related to the disruption of campus operations due to the COVID-19 pandemic

Please mark all boxes that apply to your current situation:

- I have incurred additional expenses related to my food and/or housing due to the closure of campus.
- I had to purchase a computer, internet, or other technologies in order to attend online only classes.
- I had to purchase additional course materials to be able to complete my online only classes.
- I have incurred additional expenses related to caring for dependents due to the closure of campus.
- I have incurred additional health care expenses due to the closure of campus.
- Other. Please explain: _____

SECTION C: HOUSEHOLD SIZE

Please list below all of the people in your current household:

Full Name	Age	Relationship to you	College They Attend (if applicable)
		<i>Self</i>	Seminole State College

SECTION D: DOCUMENTATION OF NEED

Please mark **all** boxes that apply to your current situation:

- I have received a disbursement of CARES Act Funding.
 - I received government assistance (WIC, TANF, Section 8 Housing, etc) prior to the pandemic.
 - I have begun to receive government assistance (WIC, TANF, Section 8 Housing, etc) due to the pandemic.
 - I have currently applied or I am receiving unemployment due to losing my job because of the pandemic.
 - I have received food from the SSC Food Pantry or any other food pantry.
 - I have received other financial assistance. Please explain: _____
- _____
- _____

SECTION E: EXPLANATION

Please use this section to provide any further details to the committee about your situation that could help them with your award. If you need more space, please attach an additional page. Please use the CARES Funding request worksheet to provide an estimate of what you need to address your expenses. You are also welcome to provide any other documentation you feel is important for the committee to review.

The student must sign below certifying the accuracy of the information provided on this form.
By signing this application, I certify that all the information reported on this form is complete and correct.

Student's Signature **Date**

PLEASE RETURN ALL FORMS AND DOCUMENTATION TO: (Mail or Fax)
Seminole State College Phone: (405)-382-9247
Financial Aid Office Fax: (405)-382-9579
2701 Boren Blvd Email Documents (PDF only): finaid@sscok.edu
Seminole, Oklahoma 74818 Web: <http://www.sscok.edu>

Office Use Only: Date Received: _____	Initials: _____
Notes:	

