



Student Survey for Emergency Cash Grant under the CARES Act

Student Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Please circle your answer to EACH question below.

- | | | |
|---|-----|----|
| 1. Have you experienced economic hardship related to your educational experience due to COVID-19? | YES | NO |
| 2. Do you have a verified Social Security number? | YES | NO |
| 3. Are you a US Citizen or national, permanent resident, or other eligible non-citizen? | YES | NO |
| 4. Do you have a valid US high school diploma, GED, or completion of high school in an approved homeschool setting? | YES | NO |
| 5. Male Students Only - Are you registered with Selective Service? | YES | NO |
| 6. Are you in default on any Title IV loan? | YES | NO |

I certify the answers provided above are true and correct to the best of my knowledge.

Student Signature

Date