

Attention: This form is for CCM students who: 1) are US citizens and eligible non-citizens, 2) were enrolled in an eligible program and attending face to face or hybrid classes on the CCM campus, 3) have a high school diploma or approved equivalent, and 4) filed a FAFSA or were eligible to file a FAFSA. About CARES - Certification and Agreement Emergency Financial Aid Grants to Students under the Coronavirus Aid, Relief, and Economic Security (CARES) Act Section 18004(a)(1) of the CARES Act, Pub. L. No. 116-136 (March 27, 2020).
NOTE: This application MUST be submitted with documented proof of your hardship.

CCM C.A.R.E.S Student Emergency Grant Application

STUDENT INFORMATION

First Name:	Last Name:	CCM Student ID:
Current Address:		
City:	State:	ZIP Code:
Preferred Phone Number:	CCM Email Address:	@student.ccm.edu
Financial aid application (FAFSA) filed for the current school year: _____ (i.e. 2020-21) <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)		

Attention: The Emergency CARES grant checks will be USPS mailed to your address listed above. To learn more about the CARES Federal COVID-19 Emergency Grant and eligibility requirements. Visit - <https://www.ccm.edu/admissions/financialaid/ccmcares-studentemergencygrant/>

COVID-19 Emergency Grant Request

Request Date: _____ Requested Amount: _____ Date Hardship Started: _____

Category of Hardship Assistance Requesting (check below) -

Were you previously awarded CCM CARES Grant? Yes No (check one)

Utilities: Rent/Housing: Medical/Dental: Childcare: Food: Course Supplies: Employment: Other: _____

Note: This grant is not for tuition and fees balances. Recommendation is to file, if you have not already done so, the Free Application for Federal Student Aid (FAFSA). Please briefly explain below how COVID-19 has caused you financial hardship. Supporting documentation is required.

CERTIFICATION SECTION

By entering my full name and or signature and Initials below, I agree that it is an electronic representation of my signature or initials whenever I use it. I also understand that recipients of electronic documents I sign will be able to see my information contained within, which will include my email address and phone number, further understanding that all information is to be used for the processing of this application and for County College of Morris reporting purposes only. I additionally acknowledge that the information above given is true and complete to the best of my knowledge.

FULL NAME HERE:	My Initials:	
Student Signature:	Date:	Email to: CCMCARES@ccm.edu

Reminder: Remember to submit your hardship supporting documented proof with this application (example: proof of unemployment, receipt of equipment purchased in order to maintain your online learning, due to the COVID-19 pandemic, etc.).

FINANCIAL AID OFFICE USE ONLY

Award decision date:	Fully paid date:	Directed to services? (specify)
Term: Year:	Total requested amount:	Award ID: FCARE (Category: (U/R/M/C/F/S/E/O))
Total award:	Total denied:	Total paid:
Reenrollment data: (enrolled; graduated; transferred; not enrolled)		
DENIED: (Reason for denial required)		
Check Request Approved by Name:	Signature	Date: