

**Central Tech
CARES Act Application
For Post-Secondary Adult Students**

Please complete application and submit to the Financial Aid Coordinator

Name: _____

Address: _____

Cell Phone: _____ Email Address: _____

Program Enrolled: _____

Date Enrolled: _____ Completion Date: _____

Name of your instructor than can document your program endeavors: _____

Define your career objective: _____

As a result of Covid-19 and on-line instruction please explain what unusual circumstances that dictate your financial need for scholarship assistance? (Please be specific)

(Applicant may attach a separate page for clarification)

Please answer the following questions on page 2 of this application

Please list your additional expensive due to COVID-19 and on-line/distance education:

Technology	_____
Course Materials	_____
Housing	_____
Food	_____
Child Care	_____
Health Care	_____
Total Amount Requested	_____

I hereby certify that the above information is correct to the best of my knowledge. Incomplete information may jeopardize this application from being considered.

Date

Applicant's Signature

<u>Office Use Only</u>	
Request Approved/Denied _____	
Amount Awarded _____	
_____ Reviewer	_____
_____ Reviewer	_____
_____ Reviewer	_____
_____ Reviewer	_____ Date