



**HIGHER EDUCATION EMERGENCY RELIEF FUND
EMERGENCY FEDERAL FINANCIAL AID GRANT
Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act**

The U.S. Department of Education has made Higher Education Emergency Relief Funds (HEERF) through a Financial Aid Grant to students of Pacific College who need financial support for their expenses related to the disruption of campus operations due to Coronavirus. This application permits students to apply for these need-based grants. School administration will use the information you provide here to determine your eligibility for a grant and the amount for which you will be eligible. Each student will be eligible for only one grant, and only one application will be considered per student. Please fill out this information neatly and completely and provide it to the Financial Aid Office at finaid@pacific-college.edu. Only active students who are participating Title IV funding, activity attending courses and who are in good standing will be eligible to receive a grant.

Student Name: _____ Student ID: _____ Phone Number: _____

Email: _____ Last Four Digits of SSN: _____

Postal Address: _____ City: _____ State: _____ Zip: _____

Have you incurred expenses due to disruptions caused by the Coronavirus pandemic?

Yes No

Initial all situations that apply to you.

- _____ I am financially responsible for my food expenses.
- _____ I am financially responsible for my housing expenses.
- _____ I am financially responsible for paying for technologies associated with attending online classes.
- _____ I am financially responsible for my own health care costs.
- _____ I have children and am financially responsible for childcare expenses.

I attest that all information is true and accurate, and I am requesting a one-time Emergency Federal Financial Aid Grant to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that I will be unable to revise this request after submitting it, and I understand that the administration will determine my eligibility for grant monies based on my responses to the questions above. I also understand that my failure to respond by May 19, 2020, will forfeit my eligibility for an award. I will email my information to finaid@pacific-college.edu. In the message bar of the email label it email: CARES RESPONSE. I understand that the funds must be delivered via ACH only. The attached document must include my bank information for payment of my award.

Signature _____ Date _____

For Administration Use Only

Date Received: _____ Received By: _____

Student Eligibility Amount: \$ _____

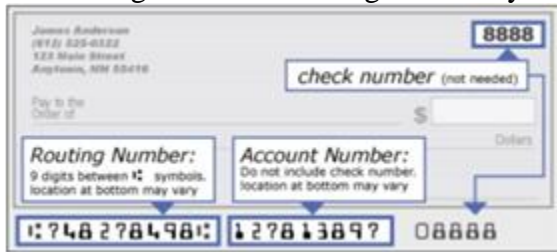
ACH Authorization Form

Student Name: _____ **Last 4-digits of SSN :** _____

Home Address _____ **Phone #** _____

City, State, Zip _____ **Email** _____

By signing this ACH Credits Authorization Form, I agree to give Pacific College and California Bank & Trust (Pacific College's financial institution) the authorization to process ACH credits to my depository account specified below. I agree that such transactions shall be governed by the National Automated Clearing House Association (ACH) rules. This authority shall remain in effect until Pacific College receives written notification of termination from me or through my authorized contact person in such time and such manner as to afford Pacific College a reasonable opportunity to act on it. I also authorize California Bank & Trust to verify my account information to establish the ACH credit. **IN NO EVENT SHALL PACIFIC COLLEGE OR CALIFORNIA BANK & TRUST BE LIABLE FOR ANY SPECIAL, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES AS A RESULT OF THE DELAY, OMISSION, OR ERROR OF AN ACH CREDIT ENTRY, EVEN IF PACIFIC COLLEGE AND CALIFORNIA BANK & TRUST HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.** I will be required to provide Pacific College with prompt written notice of the initiation, change, or termination of any relationship in which I authorize California Bank & Trust to credit my depository account from Pacific College on my behalf. Payments made by Pacific College to California Bank & Trust, whom I authorize within this form to process ACH credits on my behalf shall satisfy Pacific College's obligation to me. I will allow at least thirty days (30) from the date of receipt of this document by Pacific College before activation. This agreement shall be governed by the laws of the State of California.



Depository Bank Name _____

Routing Number _____

Account Number _____

AUTHORIZATION FOR ACH CREDITS TO MY ACCOUNT

As an authorized signor on the depository account presented, and by completing and signing this form, I grant Pacific College permission to pay/credit my depository account indicated according to the terms outlined above. ACH credits may only be made to my depository account for SFA funds resulting from credit balances or refund payments due to me while enrolled at Pacific College on or after the indicated date below. This authorization is to remain in full force and effect until Pacific College has received written notification from me of its termination¹.

Signature _____ Date _____

For office use only: Date Received: _____ Date Delivered to Business Office: _____