

FALL 2020 ADDITIONAL COVID SUPPORT APPEAL FORM

Last Name

First Name

UID

If you have insufficient resources to cover your expenses due to COVID-19, you can request additional grant/scholarship resources by submitting this form. ***Funding is subject to availability and is limited to FAFSA applicants and CA DREAM Act filers. This appeal is for Fall 2020 only.**

STUDENT COVID-19 RELATED EXPENSES	OCT	NOV	DEC	TOTAL
Rent/Housing				
Groceries/Food				
Utilities				
Medical				
Misc. (i.e. technology)				
Other (specify)				
Total EXPENSES:				
STUDENT RESOURCES				
Financial Aid Refund (Fall)				
Income				
Parent/Family Support				
Unemployment Benefits				
Other (specify)				
Total RESOURCES:				
For FA Counselor Use Only				
Needs				
Total NEEDS/FUNDING GAP:				

Check all that apply:

- I lost my job due to COVID-19
- I lost my job and I am receiving unemployment benefits
- I am a Dependent student and my Parent(s) lost their job(s). * Indicate which parent(s) lost their job in your statement below.
- I am an Independent student and I have children for whom I provide more than 50% support. *If so, enter number of children here ____.
- I am experiencing an increase in my own medical expenses due to COVID-19
- I cancelled my University Housing Contract. * If so check where are you living
 - Home with Family
 - Rented a new Apartment

