



Baldy View Regional Occupational Program

**1501 S. Bon View Avenue
Ontario, CA 91761-4408
www.baldyviewrop.com
Telephone: 909.947.3400
Fax: 909.947.8931**

**Shelley Adams, Ed.D
Superintendent**

**Acknowledgement of Receipt And Understanding
Higher Education Emergency Relief Fund Grants to Students Under the CARES Act**

Student Name: _____

I _____ acknowledge that I am in receipt of Check # _____ in the amount of \$ _____ from Baldy View Regional Occupational Program. By signing below, I understand that these funds are to be used for expenses incurred due to disruptions caused by the Coronavirus pandemic as described in the "Application for Higher Education Emergency Relief Fund Grants to Students Under the Corona virus Aid, Relief, and Economic Security (CARES) Act" provided.

Signature _____

Date _____