



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

Application for Higher Education Emergency Relief Fund Grants to Students

The U.S. Department of Education has made additional Emergency Relief Funds available to students of our institution who have identified the need for financial support for their expenses related to the disruption of campus operations due to Coronavirus. This application permits students to apply for these Emergency Relief Funds. Campus Administration will use the information you provide here to determine your eligibility for grant funds and the amount for which you will be eligible. Please fill out the application neatly and completely and provide it to your Campus Financial Aid Advisor.

Student Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Student ID: _____ Phone Number: _____

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

___ Yes ___ No

Check 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 expenses related to my course materials to attend school

___ 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 child care expenses

I attest that all information is true and accurate, and I am requesting Emergency Relief Funds to help cover the cost of expenses incurred due to the Coronavirus pandemic. I understand that the Campus Administration of my school will determine my eligibility for grant funds based on my responses to the questions above.

Signature _____

Date _____

For Administration Use Only

Administrator
Name _____

Administrator
Position _____

Administrator
Signature _____

Student Eligibility Amount \$ _____