

HEERF I Student Report Final

1. An acknowledgement that **International College of Beauty, Arts & Sciences** signed and returned to the Department the Certification and Agreement and the assurance that the institution has used, or intends to use, no less than 50 percent of the funds received under Section 18004(a)(1) of the CARES Act to provide Emergency Financial Aid Grants to Students.
2. The total amount of funds that the institution will receive or has received from the Department pursuant to the institution's Certification and Agreement for Emergency Financial Aid Grants to Students: **\$81,309**
3. The total amount of Emergency Financial Aid Grants distributed to students under Section 18004(a)(1) of the CARES Act as of the date of submission (i.e., as of the initial report and every calendar quarter thereafter): **\$81,309**
4. The estimated total number of students at the institution eligible to participate in programs under Section 484 in Title IV of the Higher Education Act of 1965 and thus eligible to receive Emergency Financial Aid Grants to Students under Section 18004(a)(1) of the CARES Act.[1]: **25 students**
5. The total number of students who have received an Emergency Financial Aid Grant to students under Section 18004(a)(1) of the CARES Act: **25 students**
6. The method(s) used by the institution to determine which students receive Emergency Financial Aid Grants and how much they would receive under Section 18004(a)(1) of the CARES Act: **Equal distributions for all students, application required.**
7. Any instructions, directions, or guidance provided by the institution to students concerning the Emergency Financial Aid Grants. **Attached below.**

Higher Education Emergency Relief Fund I

The U.S. Department of Education has made Emergency Financial Aid Grants to students of our institution who are in need of 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. Campus 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 accurately and completely and email it to sonia@icbas.edu. Only active students who have been participating in courses actively and who are in good standing will be eligible to receive a grant.

Student Name: _____

Date: _____

Course of Study (circle one): Cosmetology / Esthetician / Manicuring / Barbering

Have you been severely affected by COVID-19?

Yes___ No___

Have you or anyone in your household lost their job due to COVID-19?

Yes___ No___

Have you experienced any difficulties paying for rent / mortgage due to COVID-19?

Yes___ No___

Do you have any dependents (ex. children)?

Yes___ No___

Did you have to purchase an electronic device for educational purposes?

Yes___ No___

I attest that all information is true and accurate, and I am requesting a one-time Emergency 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 of my school will determine my eligibility for grant and the award amount based on my responses to the questions above.

Student Signature

Date

For Administration Use Only

Administrator Name and Position: _____

Date: _____

Student Eligibility Amount: _____