

Office of Community Life 4500 Massachusetts Avenue, NW Washington, DC 20016 202.885.8694 phone communitylife@wesleyseminary.edu

CARES Act Emergency Assistance Application

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides economic relief to students who have incurred financial hardships related to the disruption of campus actives caused by the Corona virus. Wesley Theological Seminary will be distributing funds to students who are deemed eligible under Section 18004(a)(1) of the CARES Act.

Instructions

- 1. Prior to submitting this form, all applicants must either submit their 2019-2020 Free Applications For Student Aid (FAFSA) or have it already on file at Wesley. The FAFSA form can be found at studentaid.gov/h/apply-for-aid/ fafsa. **Applications will not be processed if FAFSA is not on file**.
- 2. Complete form and return it to the Office of Community Life at caresact@wesleyseminary.edu. If additional information is needed you will be contacted by Dean Lee or his assistant.
- 3. The form will be reviewed by a committee, and emergency funds may be granted or denied. The committee will notify students if their application has been approved.

Applicant Information Full Name: Date: First Last M.I. Address: Street Address Apartment/Unit # City State ZIP Code Phone: Wesley Email Wesley ID: Degree Program: Are you co-enrolled at another college or university where you can receive CARES Act funds? YES NO Are you currently in default on any Federal student loans? YES NO How Many credits did you take during the Spring 2020 semester?

| Of those credits, how many were for online only courses: | |
|---|---|
| COVID-19 Hardships Have you experienced any of the following hardships due to the disruption of campus operations because of Covid-19 virus? | |
| Fo | ood & Groceries Expenses |
| Ch | nild care expenses |
| Re | ent |
| En | mergency transportation from campus |
| Ex | openses related to caring for a sick relative |
| wh all to fur Te (su | ave you or your significant other no you depend on financially lost or a portion of their income due job loss, reduction of hours, clough or lack of compensation? Sechnological Purchases Needed to participate in Online courses uch as a computer, webcam, microphone or upgraded Internet rvices), |
| Please described any additional hardships: | |
| | |
| | |
| Disclaimer and Signature | |
| I certify that the above information is true and complete to the best of my knowledge. I understand that false or misleading information provided may result in the denial of my application | |
| Signature: | Date: |
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