



2021-2022 HEERF III COVID-19 Special Conditions Appeal Form

Student Name:	Student ID#:
Email:	Phone:

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP) (Pub L. 117-2) The ARP appropriated funds for the Higher Education Emergency Relief Fund (HEERF) and represents the third round of funding appropriated to provide higher education institutions funds to support students, and the institution itself, with expenses and financial needs related to the coronavirus (COVID-19) pandemic. These funds must be reserved to provide students with financial grants, which may be used for any component of a student’s cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care) or child care. We know that, given the sudden nature of this emergency, you might not be able to include extensive documentation for your situation. *****Submission of an appeal will be reviewed but does not guarantee funds.*****

SPECIAL CONDITION - Indicate the applicable reason(s) of your family’s change in circumstance by checking the box(es) below. You will need to attach the required supporting documentation as indicated below. ***Please complete this form as best you can with the information and documentation that you have available and our advisors will work with you to understand and address your circumstances.***

<p><u>To APPEAL for:</u></p> <p><input type="checkbox"/> Loss/change in employment due to COVID-19</p> <p><input type="checkbox"/> Temporary reduction in income due to COVID-19</p> <p><u>Provide:</u></p> <p><input type="checkbox"/> Letter from employer on company letterhead that includes the last date of employment.</p> <p><input type="checkbox"/> Unemployment benefits determination document.</p> <p><input type="checkbox"/> Documentation of year-to-date income.</p> <p><input type="checkbox"/> Personal statement explaining circumstances of appeal.</p> <p><i>Additional documentation may be required.</i></p>	<p><u>To APPEAL for:</u></p> <p><input type="checkbox"/> Emergent expenses related to the components of the students COA as a result of the COVID-19 pandemic.</p> <p><u>Provide:</u></p> <p><input type="checkbox"/> Receipts related to the emergency expense.</p> <p><input type="checkbox"/> Personal statement explaining circumstances of appeal.</p> <p><i>Additional documentation may be required.</i></p>
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By signing below,

1. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. We will provide all required documents as requested, to the Office of Financial Aid, and understand that my appeal will not be processed until all documents are submitted.

Student Signature:	Date:
Parent Signature:	Date:

Please submit ALL required documentation to: caresact@fairfield.edu or by fax (23)254-4008, Mail to: Office of Financial Aid, Fairfield University, 1073 North Benson Rd, Fairfield, CT 06824 Or upload to student my.Fairfield account, under Financial Aid Records, Required Documents