



May 27, 2020

CARE ACT AWARD LETTER

ATTN: Dear Student

We are pleased to inform you that you are qualified for the Emergency Care Relief Grant to help you meet your current expenses as a result of the pandemic. This is in line with the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

These awards are contingent upon your attendance and active enrollment with the institution. All aid must be used for expenses related to essential educational needs. It **MUST NOT** be used for tuition payments

All aid will be credited to your personal bank account provided by you.

First Name

Last Name

Bank Name

Account Number

Routing Number

By signing this notice, you agree to the terms and conditions set forth in this letter as well as all federal, state, and institutional rules regarding these awards. Repayment is not required for any fund categorized as a Grant.

Awards	Amount
COVID-19 GRANT	\$____.____

Signature

Date

Office Use Only

Signature

Date