



**Federal Student Aid
CARES Act - HEERF I**

Application

Name: _____

Address: _____

Telephone: _____

Email: _____

Please check one or more of the below listed eligible expenses you incurred as a result of the disruption of campus operations due to the coronavirus. Kindly enter the amount of your eligible costs, and provide an explanation in the space provided. If more space is need for your explanation, please attach an additional piece of paper.

☐ **Food Insecurity** \$ _____

☐ **Housing Insecurity** \$ _____

☐ **Course Materials** \$ _____

☐ **Technology** \$ _____

☐ **Health-Care Expenses** \$ _____

☐ **Childcare Expenses** \$ _____

Student Acknowledgement:

My signature below certifies that I have incurred the above allowable extra expenses due to the COVID-19 disruption of classes.

Student Signature

Date

Kindly forward this document to:

Eastern Suffolk BOCES @ AEC
Student Financial Services
100 Second Ave.
Brentwood, NY 11717

If you have any questions regarding the CARES Act or completing this form, please call (631) 233-4481.