



AGREEMENT FOR USE OF FUNDS

STUDENT NAME:

PROGRAM:

AMOUNT OF EMERGENCY RELIEF FUNDS: *900 Hour program students will receive \$979.25 each while Practical Nursing and Surgical Technology students will receive \$1,800 each.*

These are unprecedented and challenging times for you. I know you find yourselves grappling with issues you never imagined, and I want to assure you we are here to support you in your education and to quickly provide the resources and flexibilities you need to continue your education.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides several different methods for distributing roughly \$14 billion in funds to institutions of higher education. The most significant portion of that funding allocation provides that \$12.56 billion will be distributed to institutions using a formula based on student enrollment. Of the amount allocated to each institution under this formula, at least 50 percent must be reserved to provide students with emergency financial aid grants to help cover expenses related to the disruption of campus operations due to coronavirus. The CARES Act provides institutions with significant discretion on how to award this emergency assistance to students. SCCC has developed its own system and process for determining how to allocate these funds, which includes distributing the funds to all students. These funds must be used to cover expenses related to the disruption of campus operations due to coronavirus (including eligible expenses under your cost of attendance, such as food, housing, course materials, technology, health care, and child care).

By signing this form, you understand that these funds are only to be used for the purposes listed above.

I have read, understand, and agree to the above information.

Student Name _____ Date _____

Financial Aid Representative _____ Date _____

407 W. Thornburgh Street West Plains, Missouri 65775 (417) 256-6152

COOPERATING DISTRICTS

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