



2022-2023 COVID-19

Student's Printed Name _____

C# _____

The Student Financial Services Office of Cayuga Community College realizes that students and their families may have experienced financial disruption due to the Covid-19 pandemic. If the pandemic has caused job loss, salary reductions, or an increase in college costs that otherwise affects the student's and parent's ability to pay for college, please complete and submit this form.

Certification Statement:

The information provided on this form is true and complete to the best of my knowledge. I have submitted a copy of the documentation requested on this form.

Student Signature _____

Date _____

Parent Printed Name _____

Parent Signature (if applicable) _____

Date _____

Office Use Only: Grant Approved _____ Grant Denied _____

Action Taken: _____

FA Counselor: _____ Date: _____

Complete Information on Reverse Side

Financial Aid Change of Income and/or Benefits

Please check below the reason that best meets your condition for request:

1. Loss of employment, reduced hours, lay off or furlough.

Name of person or persons whose employment has ceased:

Person's relationship to student: _____

Date employment ceased: _____

Documentation Required:

- Letter confirming termination of your employment and date employment ceased or proof of current unemployment benefits.

2. Loss of wages or cash flow problem due to illness, childcare, homeschooling, domestic abuse, spousal support or child support reduction, funerals, a quarantine period or shelter in place order.

Documentation Required:

- Letter detailing special circumstances.
- Supporting documentation.

3. Cost of returning home and or putting items in storage.

Documentation Required:

- Letter detailing special circumstances.
- Supporting documentation.

4. _____ Other Special Circumstances due to Covid-19.

Documentation Required:

- Letter detailing special circumstances.
- Supporting documentation.