



CORONAVIRUS STATE FISCAL RECOVERY FUND (SFRF)
EMERGENCY FINANCIAL ASSISTANCE GRANT
SPRING 2024 DISTRIBUTION

PURPOSE OF FUNDS

The grants are expected to enable students facing financial hardship to remain enrolled in the current term or re-enroll in the subsequent term. The grants are intended to address the immediate and emergency student needs that include but are not limited to, loss of income, technology support, and increasing basic necessities. The program requires students to self-certify their eligibility and encourages students to leverage all other available financial aid to support financial stability.

STUDENT SELF CERTIFICATION FORM

Student Name (Print): _____ Student ID: 900-_____

AVC email: _____ Phone #: _____

Are you the family, friend, roommate, etc. with an AVC Financial Aid employee? * _____ Employee Name: _____

*This information is needed to assign the review of the application to a financial aid officer unaffiliated with the applicant.

Eligibility Checklist:

Please use a checkmark to indicate that you meet the criteria for each item. If you require assistance, the Financial Aid Office is ready to help with any necessary information.

I certify that I meet the following conditions:

- U.S. Citizen or eligible non-citizen,
Currently enrolled at Antelope Valley College.
Qualify as low-income by meeting the requirements to receive a California College Promise Grant (CCPG) or is projected to receive a CCPG for the upcoming term, and
Demonstrate an emergency financial need.

Emergency Financial Need

Amount Requesting \$ []
(maximum award is \$1,500)

Please use a checkmark to indicate your emergency financial need. Check all that apply and provide supporting documentation (examples of required documentation are provided in parentheses).

- Loss or reduction of income. (current unemployment statement)
Unexpected medical expenses for students. (current hospital bills).
Unexpected inability to pay current rent/mortgage or utility bills (current bill needed).
Expenses due to unexpected move, loss of housing, or catastrophic property damage. (current letter from rental agency, mortgage company or police report)
Unexpected transportation expense (current car repair bill).
Unexpected technology needs or repair
Sudden loss of childcare or sudden increase in childcare expenses. (current notice from childcare provider).
Documented theft of books and/or other essential academic supplies or tools. (police report)

Other:

Please explain your emergency financial hardship and how these funds will support your continued enrollment:

Three horizontal lines for text entry.



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Four horizontal lines for student information.

CERTIFICATION STATEMENT:

By signing this document, I certify that the information I am submitting is true. If asked by a Financial Aid Official, I agree to provide proof of this information and authorize the Financial Aid Office to communicate with any party referenced in the application. If I purposely give false or misleading information, I understand I may be sent to prison, fined \$20,000 or both.

Student Signature

Date

You should make a copy of this self-certification form for your records. You will receive an emailed response to your request within two weeks. Please note that SFRF emergency financial assistance funds are limited.

Return to the Financial Aid Office at Antelope Valley College in the Student Services building. If You have any question regarding the form, please contact the Financial Aid Office At (661) 722-6300 ext. 6337. Or online on zoom. Zoom Meeting ID: 929 7584 4980.

- FINANCIAL AID OFFICE (FAO) USE ONLY- STUDENT DO NOT WRITE BEYOND THIS POINT -

Received by: Date:

ID Verified: US Citizen Prior SFRF \$ & Date: CCPG Eligible? Enrolled?

Requested: \$ Approved: \$ Denied: \$

Financial Aid Officer Name (Printed) Title:

Financial Aid Officer Signature Determination Date:

Document description of supporting documentation, breakdown/calculation of awarded amount or reason for denial:

Five horizontal lines for document description.

Selected for review by: Date: