

# ELMIRA COLLEGE

One Park Place | Elmira, New York 14901

[elmira.edu](http://elmira.edu)

## **American Rescue Plan (ARP) Act Funding Guidelines and Instructions**

*Note that these are different than the previous funding.*

### **Purpose:**

This student aid is intended to assist students attending Elmira College with emergency grant funding provided through the American Rescue Plan (ARP) Act's Higher Education Emergency Relief Fund (HEERF). The ARP requires that institutions prioritize students with exceptional financial need, such as students who receive PELL grants or students who have faced significant unexpected expenses due to the coronavirus pandemic. ARP emergency grants can be used for any component of the student's cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health), or child care. **Students will be asked for written (or electronic) consent if it is their request to have the grant funds applied directly to their Elmira College institutional account.**

### **Award Amount:**

Individual student aid awards, which will vary depending on financial need, are intended as a one-time emergency aid scholarship to help students with costs related to the pandemic. The range of funding available and/or number of awards is based upon the number of qualified applicants and the amount of funding available. **Students with exceptional financial need will be prioritized in awarding these financial aid grants.**

### **Eligibility Criteria:**

Students must complete an ARP Student Aid Application (on next page) to request funding. Applicants must be Elmira College students who can demonstrate financial need related to the coronavirus pandemic. Unlike previous HEERF funding, the ARP emergency aid is available to international students, students enrolled in the Deferred Action for Childhood Arrivals (DACA) program, and undocumented students with exceptional financial need.

## ARP Student Aid Application

Please complete the following application and return it to the CARES Act Committee at [caresactaid@elmira.edu](mailto:caresactaid@elmira.edu):

Applicant's Name:

email address:

Street Address:

Class Year: FR    SO    JR    SR

City/State:

Student ID #

Zip Code:

Phone (cell preferred):

Please briefly describe why emergency funds are necessary. You must include as much detail as possible regarding your expenses or reasons for funding related to coronavirus. Specific amounts for purchases must be included in your request (receipts may be requested).

Amount Requested \$

☐ *If approved, you have my permission to apply this funding directly to my Elmira College institutional account.*

Student Signature:

Date:

***Typing your name into the text box above will constitute as your signature on this form.***  
*(Your signature certifies that all information provided is true and correct and that awarded funds will only be used for the purposes stated above.)*

For Office Use Only:

The student is currently enrolled at Elmira College.	Yes	No
The student is currently receiving PELL grant funding.	Yes	No
The student is determined to have exceptional need.	Yes	No
The funding request meets federal guidelines for eligibility.	Yes	No

Approved

Denied

Scholarship Award amount: \$

Approval signature:

Date: