

ARP COVID Relief Grant Appeal Form

The Office of Financial Aid PO Box 1020 | Central, SC 29630 864-644-5500 | finaid@swu.edu

| Student Name | SWU ID | Last 4 of SSN |
|---|--|--|
| The American Rescue Place (ARP) Act is March 11, 2021 to provide economic relie students who have "exceptional need" by account balances or used as emergency gr resulted from Coronavirus. If you have a r with your educational costs or emergency this form and submit it to Tasha Morgan, | of from COVID-19. Specification providing financial aid graduants directly to students for need prompted by COVID-costs that have directly respectively. | nts that can be applied toward student r emergency costs that have directly 19 and need additional funding to assist sulted from Coronavirus, please complete |
| More information & FAQs: https://www.s | swu.edu/infectious-disease- | response-plan/covid-19-updates/arp-act/ |
| | mer 2020 student account be 2021/Summer 2021 student account balan have arisen due to the corount affects that you have expense. | palance. t account balance. nce. navirus (food, housing, child care, etc.). perienced as a result of COVID-19. If you |
| need more space, you may use the back of documentation to support the appeal. | this form. Once we review | y your situation, we may need to request |
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| Sign the Certification Statement below: | | |
| All of the information on this appeal for that falsifying information may result in the next year. | 1 | ne best of my knowledge. I understand ayment of aid, or both, in this year and/or |
| Student | Date | |