



Student Financial Services

Summer Study Abroad Trips Application

CARES Act Student Fund Application Higher Education Emergency Relief Fund (HEERF)

Congress recently passed the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), which has a provision for higher education. That provision, known as the Higher Education Emergency Relief Fund (HEERF)-IHE/Student Aid, offers funding to institutions to provide emergency grants to students for expenses related to the disruption of campus operations due to the COVID-19 crisis. Expenses due to disruption of campus operations include, but are not limited to, course materials, technology, health care, and childcare. The College has determined that such expenses also include costs related to summer study abroad trips which have not been refunded or reimbursed to eligible students as a result of cancellation. Please note that the College is not responsible for such refunds or reimbursements and such expenses are through third party entities.

By requesting/ applying for the HEERF Emergency Grants related to a summer study abroad trip, I am acknowledging that I was enrolled to attend a summer study abroad trip that was canceled as a result of the COVID-19 crisis and that I did not receive reimbursement of costs paid for this trip. I acknowledge that I am requesting federal funding, and in doing so I am attesting that I am a Title IV eligible student as required by the Act. Title IV eligible students must:

- a. Be enrolled or accepted for enrollment in a degree or certificate program.
- b. Not be enrolled in elementary or secondary school.
- c. For currently enrolled students, be making satisfactory academic progress.
- d. Not owe an overpayment on Title IV grants or loans.
- e. Not be in default on a Title IV loan.
- f. File "as part of the original financial aid application process" a certification that includes
 - i. A statement of educational purpose.
 - ii. Student's SSN.
- g. Be a U.S. citizen or national, permanent resident, or other eligible noncitizen.
- h. Have not fraudulently obtained Title IV funds if convicted of or pled guilty or no contest to charges.
- i. Have not fraudulently received Title IV loans in excess of annual or aggregate limits.
- j. Have repaid Title IV loan amounts in excess of annual or aggregate limits if obtained inadvertently.
- k. Have Selective Service registration verified.
- l. Have Social Security Number verified.
- m. Not have a federal or state conviction for drug possession or sale, with certain time limitations.

I also attest that the information entered and submitted on this form is true and factual. I understand that documentation for submitted expenses is necessary and will be provided to Cedar Crest College with this application. Submitting false information may carry the penalty of fines or other legal ramifications.

I understand that nothing stated herein guarantees funding of these expenses through HEERF by and through the College.



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Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Student ID# _____

Expenses related to the disruption of Study Abroad Trips due to Coronavirus (COVID-19). (Check all that Apply)*

- Course
- Housing
- Board
- Flight
- Insurance
- Other COVID-19 related expenses explain:

Total Cost Unreimbursed: \$ _____

*Receipts of expenses that were incurred must be provided to substantiate the cost of the Study Abroad Trips and documentation of any and all reimbursements or refunds must be provided if applicable.

Please submit this application and all required documentation to Student Financial Services at financialservices@cedarcrest.edu no later than June 17, 2020.

I certify that the above and attached is complete and accurate and that I have not received reimbursement or refund of costs paid which I am requesting funding for herein. The foregoing is true and correct to the best of my knowledge and belief. As such, I hereby verify that the statements and information contained herein are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. § 4904, relating to unsworn falsification. In addition, I may be required to provide my SSN if needed.



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I further certify that I am at least 18 years old and am legally competent to sign this application.

SIGNATURE *(To be signed by person the form applies to)*

DATE

PARENT/GUARDIAN SIGNATURE *(if under age of 18)*

DATE