2020-2021 ADDITIONAL COVID SUPPORT APPEAL FORM

Last Name	First Name		UID	
If you have insufficient re	sources to cover your expe	nses due to COVII	D-19, you can red	guestadditional
•	ces by submitting this form		•	•
•	CA DREAM Act filers. This a			•
STUDENT COV	ID-19 FALI	WINTER	CDDING	TOTAL
RELATED EXPE		WINTER	SPRING	IOIAL
Rent/Housing				
Groceries/Food				
Utilities				
Medical				
Misc. (i.e. technology)				
Other (specify)				
Total EXPENSES:				
STUDENT RESO	URCES			
Income				
Parent/Family Support				
Unemployment Benefits	5			
Other (specify)				
Total RESOURCES:				
	For FA Couns	elor Use Only		
Needs				
Total NEEDS/FUNDING O	GAP:			
Check all that apply:				
onesia un unat appriy.				
☐ I lost my job due to Co	OVID-19			
☐ I lost my job and I am	receiving unemployment b	enefits		
•	dent and my Parent(s) lost	theirjob(s). * Indi	cate which pare	nt(s) lost their job
in your statement bel				
·	student and I have children	for whom I provi	de more than 50	% support. *If so,
enter number of child				
•	increase in my own medica	-		
□ I cancelled my Univer	sity Housing Contract. * If s	o check where are	e you living	

☐ Home with Family

☐ Rented a new Apartment

Provide a statement explaining how your more space attach a separate page.	r circumstances have changed due to COVID-19. If you need
Student Signature	
HOW T	TO SUBMIT APPEAL FORM
	cument via MyUCLA Message Center and select the Topic: d. This submission method will direct your appeal to a
Financial Aid and Scholarships is cur methods of submission <u>will</u> delay th	rently receiving a high volume of documents, other e review process.
If you are a graduate student, pleas gdsupport@grad.ucla.edu	se submit your appeal directly to
	-