2020-2021 ADDITIONAL COVID SUPPORT APPEAL FORM

Last Name First Name UID

This appeal is for the 2020-2021 academic year only.

Per federal guidelines, HEERF2 funds are available only for students who can demonstrate exceptional financial need. Before we can evaluate your request, please complete your 2020/21 FAFSA or DREAM Act application. If you are unable to file a financial aid application because of your citizenship or AB540 status, please use the statement section on this form to provide additional information about your status. If a previous Covid-related appeal was submitted and approved, we will not be able to provide additional funding to cover previously approved expenses. Please provide supporting documentation to verify your circumstances.

Check One: I am an/a

<table>
<thead>
<tr>
<th>Undergraduate Student</th>
<th>Graduate Student</th>
<th>Medical Student</th>
<th>Dental Student</th>
<th>Anderson Student</th>
<th>Law Student</th>
<th>Nursing Student</th>
</tr>
</thead>
</table>

Check all that apply:

☐ I lost my job due to COVID-19 or my hours were reduced. Provide documentation to verify your unemployment or reduced hours.

☐ My parent(s) or spouse lost their job(s) or their hours were reduced. Provide documentation to verify your spouse’s/parents’ unemployment or reduced hours.

☐ I have children for whom I provide more than 50% support.

☐ I or my family have medical expenses due to COVID-19 (provide supporting documentation to verify expenses).

☐ I have technology related expenses (ex: computer, wi-fi, etc.) that have not been covered by financial aid in the past (provide receipts).

☐ My housing expenses have increased due to the pandemic. Please tell us how in the statement below and provide verification of your housing expenses.

☐ I had to use credit cards to cover my living and educational expenses. Please provide credit card statements and circle or itemize eligible expenses.

☐ I have other expenses resulting from the pandemic (Use statement section to explain and provide supporting documentation).
Provide a statement explaining how your circumstances have changed due to COVID-19. If you need more space attach a separate page.

NOTE: If awarded, your HEERF Grants will be issued as a direct payment/refund to you and will not cover any charges in your BruinBill Student Account.

☐ Please check this box if you want to authorize UCLA to use your HEERF Grant to cover current charges on your Bruin Bill Student Account.

Student Signature (Electronic signatures are acceptable) ___________________________ Date ___________________________

HOW TO SUBMIT APPEAL FORM

We encourage you to upload this document via MyUCLA Message Center and select the Topic: HEERF/Covid Funding Appeal. This submission method will direct your appeal to a Financial Aid Counselor for review.

Financial Aid and Scholarships is currently receiving a high volume of documents, other methods of submission will delay the review process.