## 2020-2021 ADDITIONAL COVID SUPPORT APPEAL FORM

Last Name		First Name		UID		
	This	appeal is for the	2020- 2021 aca	demic year only	<i>1</i> .	
financial need Act applicatio status, please status. If a pre additional fur	didelines, HEERF.  d. Before we car n. If you are una use the statem vious Covid-rela ding to cover p circumstances.  am an/a	n evaluate your ble to file a fina nent section on ated appeal wa	request, please incial aid applica this form to p s submitted and	complete your ation because or rovide addition dapproved, we	2020/21 FAFSA f your citizensh al information will not be able	A or DREAM ip or AB540 about your e to provide
Undergraduate Student [ ]	Graduate Student [ ]	Medical Student [ ]	Dental Student [ ]	Anderson Student [ ]	Law Student [ ]	Nursing Student [ ]
unemploy  My paren	apply: ob due to COVIE ment or reduce t(s) or spouse lo r spouse's/pare	d hours.  st their job(s) o	r their hours we	ere reduced. Pro		,,
I have chi	dren for whom	I provide more	than 50% suppo	ort.		
I or my fa expenses	mily have medic	al expenses due	e to COVID-19 ( <sub> </sub>	orovide support	ing documenta	tion to verify
l I	hnology related past (provide re	•	omputer, wi-fi,	etc.) that have i	not been cover	ed by financial
	ng expenses hav de verification o		•	ic. Please tell u	s how in the sta	itement below
l I	se credit cards t ts and circle or i	•	-	nal expenses. Pl	ease provide cr	edit card
	er expenses res g documentatio	-	pandemic (Use	statement secti	on to explain a	nd provide

NOTE: If awarded, your land the second secon	HEERF Grants will be issued in Bill Student Account.	as a direct paymer	nt/refund to you and	will not cov
lease check this box if y our Bruin Bill Student A	ou want to authorize UCLA t ccount.	to use your HEERF G	Grant to cover current	t charges on
tudent Signature ( <i>Electr</i>	onic signatures are accepta	Date		
	HOW TO SUBM	UT ADDEAL EO	PN4	
	HOW TO SUBIV	III APPEAL FO	KIVI	