2021 SUMMER ADDITIONAL COVID SUPPORT APPEAL FORM

Last Name	First Name			UID		
	7	This appeal is for	the 2021 Summ	er term only.		
Act application status, please status. If a preadditional fun	l. Before we car n. If you are una use the staten vious Covid-rel	2 funds are avain evaluate your able to file a finanent section on ated appeal was reviously appro	request, please ncial aid applica this form to p s submitted and	complete your ation because o rovide addition d approved, we	2021/22 FAFSA If your citizensh al information will not be able	or DREAM ip or AB540 about your e to provide
Check One: I Undergraduate Student []	am an/a Graduate Student []	Medical Student []	Dental Student []	Anderson Student []	Law Student []	Nursing Student []
unemployi	ment or reduce (s) or spouse lo	st their job(s) or	r their hours we	ere reduced. Pro		
_		nts' unemploym				
I or my far expenses).	•	al expenses due	e to COVID-19 (orovide support	ting documenta	tion to verify
	nnology related past (provide re	expenses (ex: coceipts).	omputer, wi-fi,	etc.) that have	not been cover	ed by financial
	-	e increased due f your housing e	•	iic. Please tell u	s how in the sta	tement below
		o cover my livin temize eligible e	~	nal expenses. P	lease provide cr	edit card
	er expenses res g documentatio	ulting from the n).	pandemic (Use	statement sect	ion to explain a	nd provide

NOTE: If awarded, your HEERF Grants will be any charges in your BruinBill Student Accour	e issued as a direct payment/refund to you and will not cov nt.
lease check this box if you want to authorize our Bruin Bill Student Account.	e UCLA to use your HEERF Grant to cover current charges on
tudent Signature (<i>Electronic signatures are d</i>	acceptable) Date
	Date SUBMIT APPEAL FORM
HOW TO S	