

SUMMER 2020 CARES AWARD APPEAL FORM

Last Name

First Name

UID

If you did not qualify for the Need-Based CARE Grant or have additional Covid-19 related expenses that were not covered by the Universal or Need-Based Grants provided, you can request a UCLA Impact Grant by submitting this form. ***Funding is subject to availability and is limited to FAFSA Applicants.**

STUDENT COVID-19 RELATED EXPENSES	JULY	AUGUST	SEPT	TOTAL
Rent/Housing				
Groceries/Food				
Utilities				
Medical				
Misc. (i.e. technology)				
Other (specify)				
Total EXPENSES:				
STUDENT RESOURCES				
Financial Aid Refund (Summer)				
Income				
Parent/Family Support				
Unemployment Benefits				
Other (specify)				
Total RESOURCES:				
For FA Counselor Use Only				
Needs				
Total NEEDS/FUNDING GAP:				

Check all that apply:

- ☐ I lost my job due to COVID-19
- ☐ I lost my job and I am receiving unemployment benefits
- ☐ I am a Dependent student and my Parent(s) lost their job(s). * Indicate which parent(s) lost their job in your statement below.
- ☐ I am an Independent student and I have children for whom I provide more than 50% support. *If so, enter number of children here _____.
- ☐ I am experiencing an increase in my own medical expenses due to COVID-19
- ☐ I cancelled my University Housing Contract. * If so check where are you living
 - ☐ Home with Family
 - ☐ Rented a new Apartment

Provide a statement explaining how your circumstances have changed due to COVID-19. If you need more space attach a separate page.

Student Signature

Date

HOW TO SUBMIT APPEAL FORM

We highly encourage you to upload this document via [MyUCLA Message Center](#) and select the Topic: Universal Impact Grants: Financial Aid. This submission method will direct your appeal to a Financial Aid Counselor.

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

If you are a graduate student, please submit your appeal directly to gdsupport@grad.ucla.edu