**Cares HEERF (HIGHER EDUCATION EMERGENCY RELIEF FUND) Distribution Policy**

**Student Certification Form**

Elite Academy will be distributing checks to eligible students from the CARES HEERF fund. The amount of money (checks) distributed to students will be awarded to eligible students affected by the COVID-19.

Have you been affected by COVID-19? Please check–mark which answer suits your situation:

\_\_\_\_\_ **Yes** OR \_\_\_\_\_ **No**

**If yes**, fill in the information below:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student first and last name), certify that I have been affected by COVID-19 and therefore agree to use the funds distributed to me for the following needs: ***food, housing, course materials, technology, health-care and/or child care expenses*** as stipulated in the CARES HEERF Policy set forth by the US Department of Education.

These funds will not be used for tuition expenses or paying off tuition balances.

The funds will be distributed to all eligible students attending Elite Academy that have certified that they have been affected in any of the above areas and meet Elite Academy Policies and Procedures for the CARES Act.

We need this form back from you in order to the distribute checks.

If applicable, please mail my check to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date

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School signature Date