

Time Received: _____ am / pm

Receives PELL?: Yes / No

Date FPTC Reviewed: _____

By: (Initials) _____

Amount Owed to FPTC?

Only payable if requested
by student below*



CARES ACT: ARP HEERF III Student Distribution Opportunity

Student Application for funds

Beginning Date: January 5, 2022 / Application DUE February 9th, 2023

TURN IN TO BRANDI CARROLL or RITA SMALLEY in FPTC Financial Aid for Processing

To be eligible to receive emergency aid, you must meet all the qualifications below:

- ✓ Must be (have been) enrolled in a Florida Panhandle Technical College, CTE Program during the application period (January 5, 2022 is the window start date).
- ✓ Be in or have left FPTC in good standing as defined in the FPTC Student Code of Conduct.
- ✓ Submit an application for these funds through FPTC's Financial Aid Office.

Please PRINT

NAME	
CURRENT MAILING ADDRESS	
CURRENT PHONE #	
PROGRAM OF STUDY	
TEACHER	
SEMESTER ATTENDED	() Jan-May 2022 () Aug-Dec 2022 () Jan-Present 2023
Choose the correct FPTC CTE Student Category	_____ ADULT CTE Student enrolled in CTE between Jan 5, 2022 and now. _____ DUAL ENROLLMENT High School Student enrolled in CTE between Jan 5, 2022 and now.
Do you currently receive PELL though FPTC	_____ YES _____ NO
<i>If you DO NOT receive financial aid you will need to complete a W9</i>	W9 Completed for District: <input type="checkbox"/> ATTACHED FPTC Financial Aid Officer _____
ARP requires that institutions prioritize students with exceptional need for student funds. Please choose the applicable categories below to describe the exceptional needs you've experienced. This information <u>is confidential and only reviewed by FA Staff</u> . Documentation may be requested. This application window will retro-activate to the date in the title above.	

Check ANY & ALL that apply which created a financial need for you due to COVID from January 2022 through application date

<input type="checkbox"/>	Lost school or work hours - self	<input type="checkbox"/>	Lost school or work hours – for family member		
<input type="checkbox"/>	Paid additional gas or doctor visits - self	<input type="checkbox"/>	Paid additional gas or doctor visits – for family member	<input type="checkbox"/>	Paid for additional educational fees for lost clock hours-self
<input type="checkbox"/>	Daycare shut down /not provided for children	<input type="checkbox"/>	Stayed home to care for self or family	<input type="checkbox"/>	Paid for additional educational fees - family member
<input type="checkbox"/>	Received other state aid	<input type="checkbox"/>	Received other federal aid	<input type="checkbox"/>	Clinical educational hours interrupted
<input type="checkbox"/>	OTHER (significant/unexpected expenses):				

Approved applications will be awarded on exceptional need basis. Awards will vary.

YOU WILL BE NOTIFIED BY PHONE AND WILL HAVE TO PICK UP AND SIGN FOR ANY AWARD IN PERSON @ FPTC

Initial for if you want your balance paid by this disbursement. THIS IS VOLUNTARY.

****I authorize FPTC to pay any outstanding debt I owe to FPTC from these funds before I receive the balance***

By signing below, I acknowledge that I am not in default of any Title IV loan, or owe an overpayment or refund for a Title IV grant.

Student Signature for Application

Date

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