



Miami-Dade County Public Schools
School Operations Adult and Community Education
HEERF II Emergency Student Relief Application Form

Term: _____ Date: ____/____/____ Student I.D.: _____ Student D.O.B: ____/____/____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ E-mail Address (Please Print Clearly): _____

Students with exceptional need will be prioritized to receive the **Higher Education Emergency Relief Fund (HEERF) Student Relief**. Provide any **ONE** of the following documents to determine your financial need:

1. 2020-2021 Pell Grant Recipient; or
2. 2020-2021 Student Aid Report with an Expected Family Contribution (EFC) of less than 7001; or
3. Supplemental Nutrition Assistance Program (SNAP) for stamp authorization; or
4. Supplemental Security Income (SSI) Recipient; or
5. Evidence of Unemployment Compensation; or
6. Most recent signed tax return; or Household Size _____
7. W-2 Forms; or Annual Household Income \$ _____
8. Notarized Income Statement

I certify that all the above information is true, and I understand my application will not be considered until I have supplied the required documentation.

Student Signature

—FOR OFFICE USE ONLY—

The Financial Aid Office

All social security numbers must be redacted prior to retaining a copy. Original documents must be returned to the student. Select the option based on demonstrated need:

Tier 1 Approved (100%) **Amount \$** _____

- 2020-2021 Pell Grant Recipient
- 2020-2021 Student Aid Report with an Expected Family Contribution (EFC) of less than 5711
- Supplemental Nutrition Assistance Program (SNAP) for stamp authorization
- Supplemental Security Income (SSI) Recipient
- Evidence of Unemployment Compensation
- Most recent signed tax return
- *Household income is less than 185% of Federal Poverty Guidelines issued by the Department of Health and Human Services.*

Tier 2 Approved (50%) **Amount \$** _____

- 2020-2021 Student Aid Report with an Expected Family Contribution (EFC) of less than 7001
- Most recent signed tax return
- W-2 Forms
- Notarized Income Statement
- *Household income is less than 300% of Federal Poverty Guidelines issued by the Department of Health and Human Services.*

Disapproved **Reason:** _____

Approved

Financial Aid Officer Signature: _____ **Date:** _____

Principal or Designee Signature: _____ **Date:** _____