

**AMERICAN RESCUE PLAN OF 2021 APPLICATION**

Under the American Rescue Plan, Palm Beach Academy of Health and Beauty is required to prioritize students with exceptional need. Eligible students with exceptional needs (as defined below) are eligible to receive a one-time block grant up to the maximum award amount of $ 1,625.00 based upon your estimated family contribution index number.

In accordance with issued guidance, Palm Beach Academy of Health and Beauty defines “students with exceptional need” as:

* Barbering, cosmetology, medical assistance, massage therapy, and hemodialysis student who receives a Federal Pell Grant;
* Their expected family contribution (EFC) index number equals to or less than 5,846; and
* American Rescue Plan grant is based upon 25% percent of your 2020-2021 full-time Pell Grant award.

Please Print

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION DATE:

1. Were you enrolled as a student at Palm Beach Academy of Health and Beauty on or after August 1, 2021?

YES NO

1. If yes, how many clock hours have you completed:

CLOCK HOURS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you complete a FAFSA for 2020-2021?

YES NO

1. Did you complete a FAFSA for 2021-2022?

YES NO

1. If awarded an AMERICA RESCUE PLAN student financial grant, you, the student, understand the grant may only be used for any component of your cost of attendance or for emergency cost that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care) or child-care.

I AGREE I DISAGREE

1. By signing your name below, you, the student, certify that you have eligible expenses from any component of your cost of attendance or for emergency costs that arise due coronavirus, such as tuition, food, housing, health care (including mental health care), or child-care of at least the one-time block grant amount up to the maximum award amount of $ 1,625.00 based upon your estimated family contribution index number.

STUDENT

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE

 21-22 EFC 21-22 PELL GRANT

 INDEX NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWARD $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ARP GRANT AWARDED

 AWARD $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY (FAD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 BY (CFO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 APPROVED

 BY (COO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_