



CARES GRANT FUNDING

Paying Institutional Balances

Student Information / Enrollment Status

Student Name: _____ Student ID: _____

Email Address: _____ Cell phone # _____

Semester with Balance:

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spring 2020 | <input type="checkbox"/> Spring 2021 | <input type="checkbox"/> Fall 2021 |
| <input type="checkbox"/> Summer 2020 | <input type="checkbox"/> Summer 2021 | <input type="checkbox"/> Spring 2022 |
| <input type="checkbox"/> Fall 2020 | | |

Steps to applying:

- Complete the online CARES application.
- Have Pell grant eligibility or include a statement of extraordinary financial need.

Affirmation:

I understand that I have a balance with Camden County College and would like to have a portion of the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA), pay this bill. I give Camden County College permission to credit the money directly to my tuition and fees account with the college and understand that these funds will not be issued to me as a refund.

My signature below confirms that all of the information I am providing is true, accurate, and complete.

Student Signature _____ Date _____

FOR INTERNAL USE ONLY	
Business Staff member (Print Name)	Semester with Balance:
	Amount Owed:
Financial Aid Staff Member (Print Name)	Confirmed Eligibility:
Comment	