

FULL NAME:
EMAIL ADDRESS:
HOME ADDRESS:
CITY:
STATE:
ZIP CODE:

SHOULD I BE SELECTED, I WOULD LIKE MY CHECK MAILED TO:

HOME ADDRESS:
CITY:
STATE:
ZIP CODE:

WERE YOU AN INTERNATIONAL BARBER COLLEGE STUDENT IN GOOD STANDING DURING THE SPRING 2020 SEMESTER (IN SAP COMPLIANCE)?

Yes
No

FOR THE 2019 – 2020 DID YOU HAVE A COMPLETED FAFSA FORM ON FILE WITH THE INTERNATIONAL BARBER COLLEGE'S OFFICE OF FINANCIAL AID?

Yes
No

I CERTIFY THAT IF I AM ELIGIBLE FOR FUNDS UNDER THE FEDERAL CARES ACT THAT I WILL USE THE FUNDS FOR ELIGIBLE EXPENSES WHICH INCLUDE:

FOOD, HOUSING, COURSE MATERIALS, TECHNOLOGY, HEALTH CARE AND CHILD CARE.

Yes
No

I AGREE TO PROVIDE THE INTERNATIONAL BARBER COLLEGE WITH DOCUMENTATION OF THE EXPENDITURES IF REQUIRED TO COMPLETE THE FEDERAL AUDIT REQUIREMENTS.

Yes
No

STUDENT FULL NAME (PRINT)

STUDENT SIGNATURE

DATE