

**Summit Salon Academy in Lexington KY
Cares HEERF (HIGHER EDUCATION EMERGENCY RELIEF FUND) Distribution Policy
Student Certification/Attestation Form
Exhibit A**

Date: _____

Student Name: _____

Current Mailing Address: _____

Cell Phone Number: _____

Email Address: _____

Amount of Award: _____

Please return this attestation statement to the Academy as soon as possible but no later than September 4, 2020. Failure to return this attestation statement by this date may result in your grant award being forfeited and those funds being used to make additional grants to other students.

Summit Salon Academy in Lexington KY will be distributing checks to all students from the CARES HEERF fund. The amount of money (checks) distributed to all students will be spread across the student body evenly to those affected by the COVID-19.

Have you been affected by COVID -19? **Yes** OR **No**

IF YES: I, _____, certify the following:

- All information provided in this Attestation is true and correct to the best of my knowledge.
- I am eligible for Title IV Federal Financial Aid.
- I have been affected by COVID-19 and therefore agree to use the funds distributed to me for the following needs: *food, housing, course materials, technology, health-care and/or child care expenses* as stipulated in the CARES HEERF Policy set forth by the US Department of Education. The money I am receiving is intended to cover my expenses related to the disruption of campus operations.

The funds distributed will be distributed to all students attending Summit Salon Academy in Lexington KY that have certified that they have been affected in any of the above areas without regard to attendance status or percentage.

Student signature

Date

School signature

Date