

## <u>Exhibit A</u> <u>Student Emergency Financial Aid Grants Attestation</u>

Student Name:					
Current Mailing Address:	Street	(Apt. #)	City	State	Zip
Mobile Dhone Number		,	•		-
Mobile Phone Number:		Email:			
Date:		Amount of A	ward: \$		
Program:		Start Date:			
Please return this attestation stat June 30, 2020. Failure to return being forfeited and those funds b	this attestation sta	tement by this date ma	ay result in y	our grant av	
I accept the grant award provi	ded to me from f	unding made availab	le to Texas	s Health Sc	hool
under the CARES act.					
I certify the following:					
All information provided in	n this Attestation is	s true and correct to th	e best of my	knowledge	
<ul> <li>I am eligible for Title IV F</li> <li>I understand that any mo disruption of campus ope under a student's cost of housing course materials intended to cover my exp</li> </ul>	ney awarded from trations due to cor- attendance in the trachnology, heal	this grant is to be use onavirus. These exper calculation for Federal th care and child-care.	nses include Financial A The mone	e eligible exp id, such as f y I am receiv	enses ood,
I would like to receive my grant	t check (choose o	one):			
Pick up at Schoo	I	Mail to my curre	nt address	above	
I understand that if I choose address listed above. I will in further understand that if the grant award after making reas use those funds to make addit	nmediately notify school is unabl onable efforts th	the school if at any e to locate me and at I will forfeit such f	time my a /or distribu	ddress cha ıte any paı	nges. I
Student Signature		Date_			

sfa.desk/Cares Act Revised 6.10.2020