

Office of Financial Aid and Student Employment 203 Day Hall 607-255-5145 finaid@cornell.edu finaid.cornell.edu

Cornell HEERF/CARES Act Certification Form

Important Information to Review Before Beginning the Form

The CARES Act established the Higher Education Emergency Relief Funds (HEERF) that provide students who are eligible to participate in programs under the Title IV of the Higher Education Act of 1965 (eligible for federal financial aid), with emergency financial aid grants to help with expenses related to the disruption of campus operations due to the coronavirus pandemic.

We are providing you with financial resources from the Higher Education Emergency Relief Fund to assist with additional expenses you have experienced or are experiencing during this period. This funding will go directly to you and will not apply to any outstanding balances you may have on your student account. In addition, your 2019-20 financial aid awards will not be impacted.

Please log into Student Center (link opens in new tab) to view your eligibility for CARES Act funding. You will need to follow the instructions to accept, reduce or decline the funding (link opens in new tab).

Students accepting the aid are required to certify below that the funds will be used to cover eligible expenses incurred as a result of disruptions to their education caused by COVID-19 emergency (including eligible expenses under a student's cost of attendance such as food, housing, course materials, technology, health care, and child care).

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Student Information

First Name:

*	
Last Name:	
*	
Cornell Email:	
*	
7-digit Cornell ID:	
*	

Student Certification

By claiming this emergency grant through the CARES Act Higher Education Relief Funds (HEERF), I acknowledge that I have incurred allowable expenses (such as, but not limited to, housing, food, transportation, course materials, technology and health expenses) related to the disruption of campus operations due to coronavirus during my enrollment in the spring 2020 semester of at least, or in excess of, the amount received.

* Check this box to certify that the above statement is true.

Submit Form