



Spring 2020 NYS Aid Recipients Impacted by COVID 19

Student name: \_\_\_\_\_ NCC ID: N00\_ \_ \_ \_ \_

In response to concerns regarding students whose studies have been impacted by COVID-19 during the spring 2020 semester, the New York State Higher Education Service Corp (HESC) has determined that impacted students receiving NYS financial aid will not suffer negative consequences regarding their current or future awards. In order to be considered for this relief, you must meet a combination of a or b and any of the conditions 1, 2, 3, 4 or 5, below:

- I was impacted by COVID-19 because I (select one)
( ) a. was unable to complete courses for the term
or
( ) b. earned fewer credits or a lower grade than required by my program of study

- During the spring 2020 semester I (select one)
( ) 1. was supposed to begin a travel-abroad experience and was either called back to the US or was not able to start; or
( ) 2. met full-time requirements, but because of COVID19, have fallen below the credit requirements; or
( ) 3. have come in contact or become sick with the virus and could not complete a class; or
( ) 4. was impacted by the emergency campus closure in order to prevent the spread of COVID-19; or
( ) 5. was impacted by other related emergency events to prevent the spread of COVID-19

Documentation Required:

- 1. A written personal statement which explains the basis of your request. Make sure your statement is signed and dated.
2. Documentation that supports your statement and supports what you have indicated above.
3. This form, completed and signed.

Please email the completed form and all attachments to financialaid@ncc.edu or fax to 516-572-7642.

Note: You do not meet the New York State HESC requirement for COVID-19 impacted if you

- o successfully complete all credits for the term,
o did not meet eligibility requirements as of the spring drop/add date or
o have previously been granted a (NYS) waiver.

Student Certification:

I hereby certify that all information submitted for consideration, including my personal statement, is true and complete to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if approved it is for the spring 2020 semester only and not for subsequent award years.

Student signature

Date

Financial Aid Administrator's Determination - Office Use Only

After reviewing all relevant documentation related to the student's assertion that support why he or she should be considered "Impacted" due to the Coronavirus Public Health Emergency for the spring 2020 semester, the request has been [ ] approved & [ ] certified on the HESC for the following NYS awards:

\_\_\_\_\_
\_\_\_\_\_

[ ] denied for the following reason: \_\_\_\_\_

FAA : \_\_\_\_\_ Date: \_\_\_\_\_