



**Miami-Dade County Public Schools  
School Operations Adult and Community Education  
HEERF Institutional Scholarship Application Form**

Term: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student I.D.: \_\_\_\_\_ Student D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address (Please Print Clearly): \_\_\_\_\_

To determine student eligibility and the financial need for the **Higher Education Emergency Relief Fund (HEERF) Institutional Scholarship**, provide any **ONE** of the following documents:

1. 2020-2021 Student Aid Report with an Expected Family Contribution (EFC) of less than 7001; or
2. Supplemental Nutrition Assistance Program (SNAP) for stamp authorization; or
3. Supplemental Security Income (SSI) Recipient; or
4. Evidence of Unemployment Compensation; or
5. Most recent signed tax return; or
6. W-2 Forms; or
7. Notarized Income Statement

Household Size \_\_\_\_\_  
Annual Household Income \$ \_\_\_\_\_

I certify that all the above information is true, and I understand my application will not be considered until I have supplied the required documentation.

\_\_\_\_\_  
Student Signature

—FOR OFFICE USE ONLY—

**Financial Aid Office**

All social security numbers must be redacted prior to retaining a copy. Original documents must be returned to the student. Select the option based on demonstrated need:

**Tier 1 Approved Full Scholarship** (100% Tuition, Application, Material Fees & Uniforms/Supplies) **Amount \$** \_\_\_\_\_

- Supplemental Nutrition Assistance Program (SNAP) for stamp authorization
- Supplemental Security Income (SSI) Recipient
- Evidence of Unemployment Compensation
- Household income is less than 185% of Federal Poverty Guidelines issued by the Department of Health and Human Services.

**Tier 2 Approved Partial Scholarship** (\_\_\_\_% Tuition only) **Amount \$** \_\_\_\_\_

- 2020-2021 Pell Grant Recipient
- 2020-2021 Student Aid Report with an Expected Family Contribution (EFC) of less than 7001
- Household income is less than 300% of Federal Poverty Guidelines issued by the Department of Health and Human Services.

This application for HEERF Institutional Scholarship has been:

**Disapproved** **Reason** \_\_\_\_\_

**Financial Aid Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal or Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office**

Scholarship amounts should be deferred in Focus and/or eSAS. Subsequently, the same amounts should be drawn down from the G5 system. A check should be written from the Financial Aid Account (PELL) to the school and payment should be applied to the student's deferrals in Focus and/or eSAS. All required documentation should be completed, approved, and maintained on file for audit purposes.