

School Information

School:	Address:
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Student Information

Name:	Address:
Program:	Semester:
ARPA Aid:	Total Aid Package:

Note: ARPA aid may not exceed or supplant other available funding sources. ARPA is available to ~~and/or~~ **top up** the gap in a student's total aid package

I, _____, attest that I qualify based on the following selected
(Student name)
 for the financial incentive to complete a teaching or nursing program, knowledge that I will be accepting assistance for an education program as a student who wants and is available for work, and this incentive will enable me to complete the necessary job training to enter my chosen field.

Low or moderate income (see attached income guidelines)

Experienced unemployment

Qualify and/or receive Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicare Part D Income Subsidies, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Section 8 Vouchers, Low-Income Home Energy Assistance Program (LIHEAP), and Pell Grants

Date _____ **Signature** _____

U.S. Treasury states that income at or below 300 percent of the Federal Poverty Guidelines for the size of the household based on the most recently published poverty guidelines meets the definition of "impacted". Please reference the income table below:

Household Size	Income
1	\$40,770
2	
3	\$69,090
4	\$83,250
5	\$97,410