

Financial Aid Suspension Appeal Waiver

Due to COVID-19 National Emergency

This Spring 2020 semester has been a challenging one for us all. We understand how the pandemic has affected your studies and we want to work with you to get you back on track. Your Galveston College Financial Aid SAP Suspension may be waived if your reason for being unsuccessful is the result of the COVID-19 national emergency.

Allowable circumstances include, but are not limited to, illness of the student or family member, need to become a caregiver or first responder, economic hardship, added work hours, loss of childcare, inability to continue with classes via distance education, inability to access the internet due to closed facilities.

Questions or concerns directly related to the Financial Aid Suspension Appeal Waiver can be directed to finaid@gc.edu. You must include your full name and Galveston College student ID number. Application review could take up to 2 weeks. Once approved, you will receive a notification to your Whitecaps email.

Name (Last, First, MI)	Social Security Number
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Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Student ID
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Permanent Address	City	State	Zip Code
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Cell Phone Number	Email Address
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Major/Program of Study	Anticipated Graduation or Transfer Date
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Waiver Questionnaire

Indicate the semesters you plan to attend and the hours of your planned enrollment. <ul style="list-style-type: none"> <input type="checkbox"/> Summer I / Summer II 2020 _____ <input type="checkbox"/> Fall 2020 _____ <input type="checkbox"/> Spring 2021 _____ <input type="checkbox"/> Summer I / Summer II 2021 _____ 	Were you unable to complete the attempted credits during the Spring 2020 semester a result of the COVID-19 national emergency? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered Yes , indicate the circumstance(s) that apply to you. Check all that apply <ul style="list-style-type: none"> <input type="checkbox"/> Illness of the student or family member <input type="checkbox"/> Need to become a caregiver or first responder <input type="checkbox"/> Economic hardship, added work hours <input type="checkbox"/> Loss of childcare <input type="checkbox"/> Inability to continue with classes via distance education <input type="checkbox"/> Inability to access internet due to closed facilities <input type="checkbox"/> Other : _____
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Agreement Affidavit of Truth Statement and Release of Information:

The information provided on this form is, to the best of my knowledge, accurate and true. I understand that all information will be protected as confidential. I understand that I am NOT eligible to receive services until the application process is complete. By submitting this waiver request, I acknowledge and give consent for data to be shared with the Department of Education, or their representatives, as part of the CARES Act requirements. I understand that my information will not be sold for any purpose and will not be distributed to other parties. Examples of data shared include, but are not limited to: student name and ID, enrollment status, FAFSA information, etc. I authorize Galveston College to provide all information in regards to the status of this application via Whitecaps email only.

By signing below, you agree and understand the terms listed above.

Signature	Date
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