Alaska Pacific University



Application for Reimbursement of Expenses Coronavirus Aid, Relief, and Economic Security (CARES) Act

Student Name:				Last 4 Digits of SSN or APU ID Number:					
Applicant must beEnrolled in at leas		-					ensive		
Please fill out the followin				s incurred entation attached				responding cate	gory.
Supporting Documentation Attached	New housing	Food	Internet access	Travel or transport-tation	Computer or technology	New childcare	COVID- 19 related healthcare	APU Student worker (lost wages)	Other
EXAMPLE 1: flight changed ticket receipt				\$300					
EXAMPLE 2: Internet bill- install and month charge			\$95						
EXAMPLE 3: Apartment rent receipt in my name	\$425								
Priority Deadline April 24, 2020. Applicati Award of Funds Funds will be awarded by request fully. Awarded fu	check to	the stud	ent applic	ant only. P	lease note t	that we ma			each
To verify the address(s) y address). To update the acwith the updated address(ddress(s),								
Student's Signature:				Date:					
Financial Aid Only Conclusion and action:						Date recei	ved:		

Controller/CFO (signature required):_

Date: _