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

Student Name: ______________________________ or APU ID Number: ____________________________
Email Address: _____________________________  Phone Number: ________________________________

Eligibility

- Applicant must be a full or part-time APU student as of Spring 2020 and
- Enrolled in at least one campus-based course or course with an on-campus intensive

COVID-19 Expenses incurred since March 12, 2020
Please fill out the following table with the type of supporting documentation attached and the total amount (USD) spent under the corresponding category.

<table>
<thead>
<tr>
<th>Supporting Documentation Attached</th>
<th>New housing</th>
<th>Food</th>
<th>Internet access</th>
<th>Travel or transportation</th>
<th>Computer or technology</th>
<th>New childcare</th>
<th>COVID-19 related healthcare</th>
<th>APU Student worker (lost wages)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE 1: flight changed ticket receipt</td>
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<td>EXAMPLE 2: Internet bill-install and month charge</td>
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<tr>
<td>EXAMPLE 3: Apartment rent receipt in my name</td>
<td>$425</td>
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</tbody>
</table>

Priority Deadline
April 24, 2020. Applications received after April 24, 2020 will be considered if funds are available.

Award of Funds
Funds will be awarded by check to the student applicant only. Please note that we may not be able to fund each request fully. Awarded funds are contingent on receipt of funds from the CARES Act.

To verify the address(s) you have on file with APU go to the student web portal (myAPU > student web portal > my address). To update the address(s), send an email from your APU student email account to regoff@alaskapacific.edu with the updated address(s).

Student’s Signature: __________________________________________ Date: ___________________

Financial Aid Only
Conclusion and action: Date received: ________________

Controller/CFO (signature required): __________________________ Date: ___________________