



Financial Aid Office
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 Aurora, CO 80011
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S _____
 Student's CCA ID Number

2023-2024 Care Forward Colorado: Attestation

Student's Printed Name: _____ Phone Number: _____

You have been identified as eligible for the Care Forward Colorado Grant based on your program of study and enrollment. Before grant funding is applied to your account, please complete this form as required by the state.

_____ I attest that I have experienced an economic loss due to the COVID-19 pandemic or suffered another form of economic loss.

Check all that apply:

- _____ Lost or adverse changes in employment
- _____ Experienced unemployment or underemployment
- _____ Increased food or housing insecurity
- _____ Formerly incarcerated
- _____ Had to withdraw from college after March 13, 2020
- _____ K-12 student on or after March 13, 2020
- _____ Eligible for a Federal Pell Grant
- _____ Eligible for Head Start
- _____ Eligible for a childcare subsidy
- _____ Eligible for TANF or SNAP
- _____ Another economic loss

-OR-

_____ I cannot attest that I have experienced an economic loss due to the COVID-19 pandemic, such as lost or adverse changes in employment, increased food or housing insecurity, was formerly incarcerated, had to withdraw from college after March 13, 2020, or suffered another form of economic loss.

 Student Signature

 Date