

EXHIBIT A
CRSSAA INFORMATION EMAIL AND
DEMONSTRATED HARDSHIP FORM

Subject: Student Emergency Relief Grant

Dear Student,

The Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA) provides emergency assistance for students who are in need of financial support for expenses related to the disruption of campus operations due to the coronavirus pandemic. Under CRRSAA, the Aveda Institute Des Moines (the “Institute”) has received grant funding from the U.S. Department of Education for the purpose of making emergency financial aid grants to its students.

Every student enrolled at the Institute on April 12, 2021 may be eligible to receive a financial aid grant from the Grant Funds. Please note that in accordance with Federal law the Institute is unable to award grants to non-citizens who are not qualified aliens. The amount of each student’s grant award is based on a formula that considers the student’s expected family contribution. This formula is intended to prioritize the distribution of student grants to those students who demonstrate exceptional need.

The Institute will use information on record from your Free Application for Federal Student Aid (FAFSA) to allocate financial aid awards to students. If you did not previously file a FAFSA and wish to have the information reported on the FAFSA considered as part of your grant award allocation, then you should file a FAFSA as soon as possible. The Institute will begin the process of allocating grant awards to students on April 27, 2021. Any information from your FAFSA reported to the Institute after April 26, 2021 will not be considered in the grant allocation process. In order for the Institute to receive your FAFSA information by this date, we encourage you to file a FAFSA as soon as possible but no later than April 20, 2021. Please see the Financial Aid Director if you have any questions or would like additional information about filing a FAFSA.

As part of the Institute’s student grant allocation formula, students who have recently experienced demonstrated hardship may be allocated an additional share of grant funds. Demonstrated hardship may include:

- Loss of Employment
- Reduction of Income
- Divorce/Separation
- Unusual Medical/Dental Expenses
- Death of Parent or Spouse

If you believe that you have experienced a demonstrated hardship since the beginning of the COVID-19 pandemic, we encourage you to submit the attached Demonstrated Hardship Form

and supporting documentation. The Institute will review your request and inform you of whether your circumstances have been determined to meet the criteria of demonstrated hardship. Any student seeking consideration for an additional grant award due to Demonstrated Hardship must submit the Demonstrated Hardship form and supporting documentation on or before April 26, 2021. Students who do not submit the applicable form and supporting documentation by April 26, 2021 will not be considered for an additional grant allocation due to Demonstrated Hardship.

The Institute expects to provide students with grant award notices during the week of May 3, 2021. In the meantime, please do not hesitate to contact the Financial Aid Leader if you have any questions regarding the Institute's plan for the allocation and distribution of these emergency student financial aid grants.

Very truly yours,

Doug Van Polen, President
Aveda Institute Des Moines
Aveda Institute Rochester

Aveda Institute Des Moines
Aveda Institute Rochester
Student Emergency Financial Aid Grants

Demonstrated Hardship Form

Student Name: _____

Current Mailing Address: _____

Cell Phone Number: _____

Email Address: _____

Date: _____

The Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA) provides emergency assistance for students who are in need of financial support for expenses related to the disruption of campus operations due to the coronavirus pandemic. Under CRRSAA, the Aveda Institute Des Moines (the “Institute”) has received grant funding from the U.S. Department of Education for the purpose of making emergency financial aid grants to its students.

As part of the Institute’s student grant allocation formula, students who have recently experienced demonstrated hardship may be allocated an additional share of grant funds. **Any student seeking consideration for an additional grant award due to Demonstrated Hardship must submit the Demonstrated Hardship form and supporting documentation on or before April 26, 2021.** Students who do not submit the applicable form and supporting documentation by April 26, 2021 will not be considered for an additional grant allocation due to Demonstrated Hardship.

Please indicate the special circumstances of demonstrated hardship that you wish for the Institute to consider in its allocation of emergency financial aid grants to students (choose all that apply):

- Loss of Employment
- Reduction of Income
- Divorce/Separation
- Unusual Medical/Dental Expenses
- Death of Parent or Spouse

Circumstances that are NOT considered as extenuating include, but are not limited to:

- Standard living expenses (e.g., utilities, credit card payments, etc.)
- Mortgage payments
- Car payments
- Credit card or other personal debts
- Vacation expenses
- All other discretionary expenses

Any request for special consideration of demonstrated hardship must include a detailed written explanation from the student and supporting documentation. Any Demonstrated Hardship Forms submitted without either a detailed written description or supporting documentation will not be considered.

**Written Explanation
(attach additional pages if necessary)**

Please provide supporting documentation based on your special circumstances:

<u>Special Circumstances:</u>	<u>Documentation to be provided:</u>
Loss of Employment	<ul style="list-style-type: none">• Official documentation verifying date of job loss (e.g. severance letter, unemployment decision, etc.)• Final paycheck stub(s) received• Unemployment history summary reporting benefits received to date and balance remaining in 2021• If employed after job loss, please include most recent paycheck stubs of any and all employment
Reduction of Income	<p><u>Reduction in Wages/Hours:</u> Current employer has reduced wages and/or hours for at least 12 consecutive weeks in 2020 or 2021 for you, your spouse, or your parent (if dependent). Documentation Needed:</p> <ul style="list-style-type: none">• Employer documentation verifying change in employment status (e.g. furlough)• Copy of paycheck stub(s) received before reduction and copy of most recent paycheck stub(s) since reduction in 2020 or 2021 <p><u>Reduction in Income/Benefits:</u> You, your spouse, or your parent(s), if dependent, lost income or benefits outside of employment (i.e. child support, unemployment, etc.). Documentation Needed:</p> <ul style="list-style-type: none">• Third-party official documentation reporting date income or benefit was terminated/exhausted
Divorce/Separation	<p><u>For separation:</u> Signed statement indicating date of separation and two official documents (e.g., copy of lease, utility bill, driver’s license, etc.) verifying the physical address of the absent spouse/parent (no P.O. boxes) <u>For divorce:</u> A divorce decree</p>

Unusual Medical/Dental Expenses	Medical and/or dental expenses for 2020 or 2021 that were paid out-of-pocket (i.e. not what insurance covered) for you, your spouse (if applicable) and/or your parent(s)/sibling(s), if dependent. Documentation Needed: <ul style="list-style-type: none"> • Copies of canceled checks for out-of-pocket payments and/or receipts of payments • A copy of your FSA or HSA account showing payments and/or a copy of your medical account listing payments and dates
Death of Parent or Spouse	Copy of the death certificate or a published newspaper obituary with date of death

This form will not be considered unless all of the required documentation is attached.

My signature certifies that the information provided for this request and all accompanying documentation is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Institute Final Action: Approved: _____ Denied: _____

Signature of Institute Official _____ Date _____

EXHIBIT B
Aveda Institute Des Moines
Aveda Institute Rochester
Student Emergency Financial Aid Grants
Grant Notification & Attestation Statement

Student Name: _____

Current Mailing Address: _____

Cell Phone Number: _____

Email Address: _____

Date: _____

GRANT AWARD AMOUNT:

OUTSTANDING BALANCE DUE TO INSTITUTE:

Please return this Notification & Attestation Statement to the Institute as soon as possible but no later than May 17, 2021. Failure to return this attestation statement by this date may result in your grant award being forfeited and those funds being used to make additional grants to other students.

I accept the grant award provided to me from funding made available to the Aveda Institute Des Moines under Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA).

I certify the following:

- All information provided in this Attestation Statement is true and correct to the best of my knowledge.
- I have experienced additional expenses due to the disruption caused by coronavirus.
- I understand that any money awarded from this grant is to be used for any component of my cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care), or childcare.

I understand that I have the option, but that I am not required, to apply some or all of the Grant Award Amount toward my outstanding balance due to the Institute. Whether I choose to apply some or all of my Grant Award Amount toward my outstanding balance due to the Institute will not change my Grant Award Amount.

Please indicate your choice for the disbursement of your Grant Award Amount (choose one):

I give my consent for the Institute to use my Grant Award Amount as payment toward my outstanding balance with the Institute. If the Grant Award Amount is greater than my outstanding balance, then the Institute will give me a check for the difference. If the Grant Award Amount is less than my outstanding balance, then I shall be responsible for any remaining balance due. I understand that my Grant Award Amount is not conditioned upon my consenting to the use of my Grant Award Amount as payment toward my outstanding balance due to the Institute.

I choose to receive a check from the Institute for my Grant Award Amount. I would like to receive my grant check (choose one): _____ Pick Up at Institute _____ Mail to my Current Address

initials

initials

Student Signature

Date

EXHIBIT C

May ____, 2021

Student Name:

Current Mailing Address:

Re: Student Emergency Relief Grant

Dear Student,

The Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA) provides emergency assistance for students who are in need of financial support for expenses related to the disruption of campus operations due to the coronavirus pandemic. Under CRRSAA, the Aveda Institute Des Moines has received grant funding from the U.S. Department of Education for the purpose of making emergency financial aid grants to its students.

Enclosed please find an emergency financial aid grant check in the amount of \$_____. This is a grant, which means that this amount does not need to be repaid. Your acceptance of this grant award is conditioned upon your agreement to use the funds for the purposes allowed under CRRSAA and as agreed upon by you in the attestation statement that you previously provided to the Institute. In particular, you understand that the money awarded from this grant is to be used for any component of your cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care), or childcare.

The institution did not discriminate in the awarding of CRRSAA grant funds and evaluated students based on prioritizing Pell Eligible students and all students based on their demonstrated need resulting from the impact of COVID-19.

We hope that you and your family and friends are safe and healthy. Please do not hesitate to contact us if you have any questions.

Very truly yours,

Doug Van Polen, President
Aveda Institute Des Moines
Aveda Institute Rochester