



**EMILY
GRIFFITH**
TECHNICAL COLLEGE

Financial Aid Office
1860 Lincoln Street
6th Floor
Denver, CO 80203
Phone: 720-423-4700
Financial.Aid@emilygriffith.edu
EmilyGriffith.edu

Care Forward Colorado Funding Attestation Statement

Student Name (Print): _____ Student ID#: _____

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

Please select every category that applies to your situation:

- 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 free or reduced lunch
- Eligible for Head Start
- Eligible for a childcare subsidy
- Eligible for SNAP or TANF
- Another economic loss

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

Student Signature

Date