

CITY POINTE

B E A U T Y A C A D E M Y

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CARES ACT **Emergency Education Relief Funds** Statement of Needs Certification

Have you had a disruption in your family financial situation due to the COVID-19 Pandemic?
Yes_____ NO_____

If yes, please certify below:

I, _____, certify I have had a disruption in my family financial situation due to the COVID-19 pandemic and any emergency funding will be used for food, housing, course material, technology, health care and /or child care.

Student current address:

Street: _____ Apt# _____

City: _____, State: _____, Zip: _____

Current Phone Number: _____

Student Signature _____ Date _____

Certifying School Agent _____ Date _____