CARES Act Grant Distribution Policy

The Salon Professional Academy will determine the amount of money (checks) by an even distribution method based on program enrollment which will be determined as follows:

1. Total Amount of Grant Money Available/Total number of current students = Amount of grant money available. (e.g. $76,041/50 students = $1520.82.)

2. Determine how many students are in each program (e.g. 3 Esthetics students, 5 Massage Therapy students, 42 Cosmetology students)
   a. Esthetics students make up a total of 33% of students. Take the total amount allocated per student and multiple it by 33% ($1520.82 x 33% = $501.87 per esthetics student) Total amount awarded to esthetics students is $1505.61. Each student’s amount will be rounded up to $502.
   b. Massage Therapy students make up a total of 42% of students. Take the total amount allocated per student and multiple it by 42% ($1520.82 x 42% = $638.74 per Massage Therapy student) Total amount awarded to Massage Therapy students is $3193.70. Each student’s amount will be rounded up to $639.
   c. Subtract the amount awarded to Esthetics and Massage Therapy students from the total amount available (e.g. $76041-1505.61-3193.70 = $71341.69)
   d. Divide remaining amount by remaining number of Cosmetology students (e.g. $71342.69/42 = $1698.61 per Cosmetology Student). Each student’s amount will be rounded up to $1699.

The reason we divide by the amount of available money by the total number of current students is that each student may have been impacted by COVID-19 despite their calculated need based on FAFSA information. The Salon Professional Academy will not discriminate in the disbursement of funds. Additional calculations take into account the percentage of our student body each program comprises.

Students must be active student or on an approved Leave of Absence (LOA) as of 4//1/2020. The Student must be eligible for Title IV disbursements (i.e. maintaining Satisfactory Academic Progress, be on Financial Aid Warning, or have submitted a successful appeal when on Financial Aid probation) and submitted a self certification form indicating that she or he has been impacted by COVID 19 and will use the funds for related expenses.

Students have the opportunity to forego the payment if they have not been affected and funds will be reallocated to other students.
**Forwarded message**

**From:** Sue Kolve <suekolve@salonproacademy.com>
**Date:** Tue, May 5, 2020 at 11:00 AM
**Subject:** Urgent - Student Certification on School Letterhead

**To:**
**Cc:** Becky Karpinsky <beckykarpinsky@salonproacademy.com>

We just received a new requirement from the Department of Education. Attached below is the Student Certification information ... we need you to fill it out and get it back to us.
Here is a link to a short video if that helps!
https://www.dropbox.com/s/u71c80c4s8w3hl/Video%20May%2005%2C%2010%20%20AM.mov?dl=0

We are emailing this to all students
You can open up the doc and fill in your information and resend it back to Becky.
If you prefer to just stop into Becky's office she will have one ready for you to sign then you will not need to send the email back.
We will not be able to request this grant for you until we have this completed and it is required to be on our letterhead.
If you have any questions please reach out to Becky. She is on this email:
I have also included all TSPA Staff and Faculty, if you are in touch with any of our students please check in with them to ensure they are seeing this updated requirement!

**You,**

**Sue Kolve-feehan**
Owner / Director
Corporate Office
566 Theater Road
Onalaska, Wisconsin 54650
Office: 608.385.7400  Cell: 608.385.7111
suekolve@salonproacademy.com

The Salon Professional Academy | Sue Kolve's Salon and Day Spa
Student Certification to Receive CARES Act Grant funds

Before checks are issued to students, you will need to complete the following information and return it to The Salon Professional Academy:

Have you had a disruption in your family financial situation due to the coronavirus?
☐ YES  ☐ NO

If yes, please certify below:
I, ____________________________, certify I have had a disruption in my family financial situation due to the coronavirus and any emergency funding will be used for food; housing; course material, technology, health care and child care.

We need this form back from you in order to know who and where to send the distribution checks to.

I would like: ☐ My check mailed to the below address ☐ To pick my check up at TSPA

If applicable, please mail my check to:

__________________________________________  (Name)
__________________________________________  (Street address)
__________________________________________  (City, State, Zip)

__________________________________________
Student signature

__________________________________________  Date

__________________________________________
School signature

__________________________________________  Date