Ross Medical Education Center 020997700 received education stabilization funds designated exclusively for emergency financial aid grants to students under the Higher Education Emergency Relief Fund II (HEERF II) authorized by the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA).

The institution appreciates that Congress and the President have made these critical funds available for eligible students who have expenses related to the disruption of campus operations due to the coronavirus pandemic. We take receipt of these federal funds seriously and are distributing them in accordance with the Act and implementing guidance.

The institution is making the below information available for transparency purposes and in compliance with the U.S. Department of Education’s (“Department”) Electronic Announcement of May 13, 2021. For questions or concerns regarding this Fund Report, please contact Anthony Iaquinto, CFO/Treasurer/CAO, at tiaquinto@rosseducation.edu.

1. The institution signed and returned to the Department the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 Certification and Agreements (CRRSAA) Grant to Students required to receive funds allocated under Section 314(a)(4) of the 2021 Act (Pub. L. 116-260) (award or grant) by the Department are governed by section 314. The institution has used, or intends to use, no less than 100% of these funds received to provide emergency financial aid grants to students.

2. The total amount of funds that the institution will receive or has received from the Department pursuant to the institution’s Certification and Agreement for Emergency Financial Aid Grants to Students is $2,332,720.00.

3. The total amount of emergency financial aid grants distributed to students under Section 314(a)(4) of the Act as of the date of this Fund Report is $754,808.98.

4. The estimated total number of students at the institution eligible to participate in programs under Section 484 in Title IV of the Higher Education Act of 1965, and thus eligible to receive CRRSAA financial aid grants under Section 314(a)(4) Act, as of the date of this Fund Report is 899.

5. The total number of students who have received a financial aid grant under Section 314(a)(4) of the CRRSAA Act as of the date of this Fund Report is 603.

6. The methods used by the institution to determine which students receive CRRSAA financial aid grants and how much they would receive under Section 314(a)(4) of the Act are provided at Attachment A.

7. Any instructions, directions, or guidance provided by the institution to students concerning the CRRSSA financial aid grants are provided at Attachment A.

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1 See: https://www.federalregister.gov/documents/2021/05/13/2021-10196/notice-of-public-posting-requirement-of-grant-information-for-higher-education-emergency-relief-fund
The U.S. Department of Education has provided additional funds to Ross Medical Education Center/Ross College (“ROSS”) to provide Emergency Financial Aid Grants to students in our institution who have incurred costs related to COVID-19 (coronavirus) pandemic. In order for a student to be eligible they must attest to having experienced an expense/emergency costs due to the coronavirus pandemic as noted below. The student will need to be actively pursuing an education with ROSS and will only be eligible for one grant using the CRRSAA funds. If a student received a grant under the previous CARES Act program they may not utilize this grant for an expense paid with the previous grant. Students also have the option to use the grant to pay down a balance owed to ROSS. The amounts are determined by the Estimated Family Contribution (EFC) which is pulled from your Free Application for Federal Student Aid (FAFSA). There are three tiers of funding: Tier 1: 0 Estimated Family Contribution (EFC) $1,500.00. Tier 2: Pell recipient with non-Zero Estimated Family Contribution (EFC) $1,000.00. Tier 3: Non-Pell Recipient Estimated Family Contribution (EFC) $500.00.

I, __________________________ attest to having incurred one or more of the expenses/emergency costs due to the coronavirus pandemic. Please check the box for the expense incurred and provide a brief description. Forms not completed as required will be rejected. Send the completed form via email to financialaid@rosseducation.edu or mail to Ross Education LLC, Attn: CFO, 22800 Hall Road, Suite 800, Clinton Township, MI 48036 or hand deliver to a staff member at the campus.

☐ Tuition  Please complete authorization line below.
☐ Housing __________________________
☐ Health Care (including mental health) __________________________
☐ Child Care __________________________
☐ Books __________________________
☐ Supplies __________________________
☐ Transportation __________________________
☐ Technology Required for enrollment __________________________

I, __________________________ authorize ROSS to use the funds provided to me towards a balance I have outstanding owed to ROSS.

________________________________________  __________________________
Student Signature  Date

Student Name: ____________________________  Campus: ____________________________

Student Address: ____________________________

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**Business office use only**

_______ Tier 1: 0 Estimated Family Contribution (EFC) $1,500.00
_______ Tier 2: Pell recipient with non-Zero Estimated Family Contribution (EFC) $1,000.00
_______ Tier 3: Non-Pell Recipient Estimated Family Contribution (EFC) $500.00
The U.S. Department of Education has provided additional funds to Ross Medical Education Center ("ROSS") to provide Emergency Financial Aid Grants to students in our institution who have incurred costs related to COVID-19 (coronavirus) pandemic. In order for a student to be eligible they must attest to having experienced an expense/emergency costs due to the coronavirus pandemic as noted below. The student will need to be actively pursuing an education with ROSS, with a start date after October 1, 2021 and will only be eligible for one grant using the CRRSAA funds. If a student received a grant under the previous CARES Act program they may not utilize this grant for an expense paid with the previous grant. Students also have the option to use the grant to pay down a balance owed to ROSS.

Students have the option to use the grant to pay down a balance owed to ROSS, with a start date after October 1, 2021 and will only be eligible for one grant using the CRRSAA funds. If a student received a grant under the previous CARES Act program they may not utilize this grant for an expense paid with the previous grant. Students also have the option to use the grant to pay down a balance owed to ROSS. The amounts are determined by the Estimated Family Contribution (EFC) which is pulled from your Free Application for Federal Student Aid (FAFSA). There are three tiers of funding: Tier 1: 0 Estimated Family Contribution (EFC) $1,500.00. Tier 2: Pell recipient with non-Zero Estimated Family Contribution (EFC) $1,300.00.

I, __________________________ attest to having incurred one or more of the expenses/emergency costs due to the coronavirus pandemic. These funds must be used for one of the mentioned items in the previous statement. Please check the box for the expense incurred and provide a brief description. Forms not completed as required will be rejected. Send the completed form via email to financialaid@rosseducation.edu or mail to Ross Education LLC, Attn: Michael LaBelle, 22800 Hall Road, Suite 800, Clinton Township, MI 48036 or hand deliver to a staff member at the campus.

- [ ] Tuition  Please complete authorization line below.
- [ ] Housing __________________________
- [ ] Health Care (including mental health) __________________________
- [ ] Child Care __________________________
- [ ] Books __________________________
- [ ] Supplies __________________________
- [ ] Transportation __________________________
- [ ] Technology Required for enrollment __________________________

I, __________________________ authorize ROSS to use the funds provided to me towards a balance I have outstanding owed to ROSS.

__________________________________________  __________________________
Student Signature                        Date

Student Name: ____________________________   Campus: ____________________________

Student Address: ____________________________

**Business office use only**

- [ ] Tier 1: 0 Estimated Family Contribution (EFC) $1,500.00
- [ ] Tier 2: Pell recipient with non-Zero Estimated Family Contribution (EFC) or a Non-Pell Recipient - $1,300.00