



Supplemental Assistance for Students

The ASUCC Student Services Program is open to all students in 3 or more credits or "other credit" (GED, ABSD, ESL, Woolley Center) hours. Please allow up to 24 hours to receive services.

Section 1 (to be completed by student)

Date (mm/dd): _____ Year: _____ Term: FA WI SP SU
 Printed Legal Name: _____
 Email: _____ Student ID: _____
 Phone Number: _____ Preferred Method of Contact: _____
Are you an "other credit" student? Y N **Number of Credit Hours:** _____
 (ABSD/GED/ESL/Woolley Center)

Section 2- Transportation Services (Completed by ASUCC)

Students may only receive **one** transportation service, **once** per term. Please refer to the list and confirm with the student that they have not received these services for the current term. A signature from Marjan/Diana is required.

Required:

It has been confirmed the student is enrolled in _____ credits, or qualifies as an "other credit" student. The student understands how **receiving a gas card or bus pass may affect their financial aid.**

Signature (Marjan/Diana): _____

Bus Pass:

ASUCC Supplement: \$ _____
 Foundation Supplement: \$ _____ (Full Time students only)
 Total: \$50

Gas Cards:

Student's Physical Address: _____

- \$10 (1-19.9 miles)** Google maps (miles from college): _____
- \$15 (20-29.9 miles)**
- \$25 (30+ miles)**

Section 3- Supplies Services (Completed by ASUCC)

The following services **do not** require a signature from Marjan/Diana. Please check the services being received.

Food Box (no limit per term)

Is the student receiving SNAP benefits? Yes No

Household size: 1 2 3 4 5+

- Meat Voucher (one per term)
- Milk Voucher (one per term: soy milk given out when applicable)

Backpack with school supplies (One backpack per year, supplies as needed)

- Backpack with supplies
- Supplies only

Hygiene items (Only four items per term per student; exceptions are given for feminine hygiene products) Please choose which ones you would like to receive:

- Shampoo/Conditioner (1)
- Razors (2)
- Deodorant (1)
- One roll of Toilet Paper (1)
- Big bar of soap (1)
- Laundry Soap (1)
- Hair Brush Kit (1)
- Toothpaste (1)
- Toothbrush (1)
- Mouthwash (1)
- One week of Feminine Hygiene Products (1)

I, _____, confirm that I have completed this form with accurate information to the best of my knowledge and understand that intentional misinformation may result in a potential suspension or eligibility of ASUCC student services.

Student Signature

Date

ASUCC Representative Signature

Date