

**Student Services**

**Supplemental Assistance for Students**

*The ASUCC Student Service Program is open to all students enrolled in 3 or more credit hours. GED students may also receive services with an attendance referral from an instructor. Please allow up to 24 hours to receive services.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date(mm/dd): |  |  |  |  | Year:  |  |  |  | Fall |  |  | Winter |  |  | Spring |  |  | Summer |

Printed Legal Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Phone |  |  | Email |

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Method of Contact:

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of credit hours: \_\_\_\_\_\_\_

Services Requested (check all that apply):

**Please fill out the supplemental information for any services you are requesting:**

**Bus Pass:**

Student bus passes are $50.00, and ASUCC will supplement up to $25 for all students with 3 or more credits, or ‘other credit’ students with an instructor referral. As a full time student (12 credits or more), the UCC Foundation or ASUCC may supplement the other $25.

**Financial Aid:** I have confirmed that the student is enrolled in 3 or more credits, or qualifies as an ‘other credit’ student, and the student understands how receiving a bus pass may affect their financial aid.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASUCC Office:**

ASUCC Supplement $\_\_\_\_\_

Foundation Supplement $\_\_\_\_\_

Student Cost $\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Boxes:**

An ASUCC officer or peer mentor will assist with your needs.

If you have any food allergies, alert them.

**Gas Cards:**

Have you used Gas Card Program before? \_\_\_\_Yes \_\_\_\_ No If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 mm/yyyy

**Financial Aid:** I have confirmed that the student is enrolled in 3 or more credits, or qualifies as an ‘other credit’ student, and the student understands how receiving a gas card may affect their financial aid.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Backpacks:**

Pre-filled backpacks are available for immediate pick up. Below is a list of contents and quantity.

Items may vary on availability.

|  |  |  |  |
| --- | --- | --- | --- |
| Item: | Amount | Item: | Amount |
| Backpack | 1 | Loose Leaf Paper | 1 |
| Pens | 3 | Loose Graph Paper | Ask for |
| Pencils | 5 | 1” Binder | 1 |
| Highlighters | 1 | Tab Dividers | 1 pack |
| Erasers | 1 | Weekly Planner | 1 |
| USB Storage | Ask for | Index Cards | 1 pack |
| Spiral Notebook | 1 | Composition Notebook | 1 |

I acknowledge that all of the information given is, to the best of my knowledge. I acknowledge the right of the Student Services program to deny a student from participating in the program in the future if the information given is found to be intentionally false in nature.

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Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature