

**STUDENT ASSISTANCE GRANT FOR EMERGENCIES**

This form is used to request a Student Assistance Grant for Emergencies (SAGE). This grant provides emergency funding for short-term financial emergencies.

Complete this form using black or blue ink and return it to the One Stop with all the required documentation.

One Stop Student Services  
 105 Behmler Hall  
 600 East 4<sup>th</sup> Street  
 Morris MN 56267-2132

320-589-6046  
 Fax: 320-589-1673  
[ummonestop@morris.umn.edu](mailto:ummonestop@morris.umn.edu)

Student Information	
Primary/Legal Name (last, first, middle initial)	Student ID Number
Preferred Name	Phone Number

Eligibility Information
<p>To be considered eligible, you must:</p> <ul style="list-style-type: none"> <li>• be seeking your first undergraduate degree,</li> <li>• be enrolled at least half-time (6 or more credits) for the application term,</li> <li>• be in good academic standing, and</li> <li>• have completed a FAFSA and maximized your federal student aid or have a student account balance of less than \$100 (non-FAFSA filers).</li> </ul> <p>Expenses may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• medical, dental, or mental health emergency expenses that are not covered by insurance,</li> <li>• replacement costs of essential personal belongings in the event of fire, theft, or natural disaster and are not covered by insurance,</li> <li>• support for emergency related travel expenses (for example, the death/illness of immediate family),</li> <li>• temporary support costs for a student in a dangerous situation due to threats or acts of violence,</li> <li>• individually-recommended or required services that are considered critical to a student’s success (for example, diagnostic testing for Accessibility Resources),</li> <li>• support for life-related emergency expenses (for example, car repairs),</li> <li>• support for dependent-related expenses (for example, child care), or</li> <li>• other unexpected life-related expenses (for example food or utilities).</li> </ul> <p>Expenses not included are:</p> <ul style="list-style-type: none"> <li>• tuition, fees, room, board, books, and other standard budget components that are already included in the cost of attendance, or</li> <li>• costs of optional programs, entertainment, recreation, non-emergency travel, and other non-essential expenses.</li> </ul>

Student Information	
Primary/Legal Name (last, first, middle initial)	Student ID Number

Emergency Information
Emergency Type: <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Travel <input type="checkbox"/> Food <input type="checkbox"/> Personal <input type="checkbox"/> Other _____
Requested Amount (up to \$500) \$ _____
Explain your emergency and attach supporting documentation, if applicable.

Certification	
By signing this form, I certify that all the information reported is complete and correct.	
Student Signature	Date

One Stop Student Services Use Only	
Funding Source: <input type="checkbox"/> Payment <input type="checkbox"/> Dining Dollars (U Card Number: _____)	
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Payment Method: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check
Staff Signature	Date

Office of Financial Aid Use Only		
<input type="checkbox"/> Eligible Amount \$ _____	<input type="checkbox"/> SAGE Grant (935-1003) <input type="checkbox"/> SAGE Grant DFS (935-1040) <input type="checkbox"/> SAGE Grant Food (935-1050)	<input type="checkbox"/> Not Eligible Reason:
<input type="checkbox"/> Updated award <input type="checkbox"/> Sent revised notice		

To request this form in an alternative format, please contact the Disability Resource Center at 320-589-6178 or oas@morris.umn.edu.

OFA