

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

Standard budget components that are already included in the cost of attendance are not eligible (e.g. tuition, fees, room, board, books, transportation, personal and miscellaneous).

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 4th Street
Morris MN 56267-2132

320-589-6046
Fax: 320-589-1673
ummonestop@morris.umn.edu

Student Information

Name (last, first, middle initial)

Student ID Number

Emergency Information

To be considered eligible, you must:

- be seeking your first undergraduate degree,
- be enrolled at least half-time (6 or more credits) for the application term,
- be in good academic standing, and
- have completed a FAFSA and maximized your federal student aid or have a student account balance of less than \$200 (non-FAFSA filers).

The SAGE grant can assist with the categories listed below. Indicate the amounts requested that apply to your situation:

Health care (medical, dental, or other health related expenses) \$ _____

Travel (unanticipated emergency travel) \$ _____

Food (groceries or other meal expenses that you can no longer cover) \$ _____

Personal (unanticipated car repairs or technology expenses) \$ _____

Other (emergency expenses not explained in the categories above) \$ _____

Total amount requested \$ _____ (\$1,000 maximum)

Explain your emergency in the space below. Attach all supporting documentation.

Sample Narrative: The expenses listed above are related to unexpected car repairs. I was traveling home from Morris and got a flat tire. When they were fixing the tire, other issues were discovered and it ended up costing more than expected. I have attached the repair bill for your reference. The car repair used up my savings and now I am unable to buy food for the month.

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"/> Updated award <input type="checkbox"/> Sent revised notice	<input type="checkbox"/> SAGE Grant (935-1003) <input type="checkbox"/> President's Student Emerg Grant (935-889) <input type="checkbox"/> U of M Student Emergency Grant (935-962) <input type="checkbox"/> SAGE Grant DFS (935-1040) <input type="checkbox"/> SAGE Grant DFS2 (935-1045) <input type="checkbox"/> SAGE Grant Food (935-1050)
<input type="checkbox"/> Not eligible - reason:	