



**Sisseton Wahpeton College**  
**Student Support Services**  
**SERF**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone number email address

Credit Hours for the current semester \_\_\_\_\_

Please tell us why you are requesting student emergency relief and what you will use the voucher for. You may be denied if you don't tell us what your emergency situation is.

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

Are you employed: NO      YES, part-time (20 hours or less)      Yes, full time (21 hours or more)

How many dependence do you have? \_\_\_\_\_

Please Circle the service you are requesting:

Vehicle Fuel   Groceries   Other (please specify)\_\_\_\_\_

Vehicle Fuel requests will be made to the SWO C-store at Agency Village ONLY.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

For office use only	
<b>Accepted</b>	<b>Denied</b>
Reason for denial _____	
Attended Class   Yes   No	Attended Individual Meeting   Yes   No
Voucher Number _____	
_____ SSS Director Signature	_____ Date