

**Emergency Funding (Food Vouchers)**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

GPA: \_\_\_\_\_ Minimum GPA 2.0) Current Credit Hrs.: \_\_\_\_\_ (at least 9 credits)

Semesters Completed \_\_\_\_\_

Residency/legal status in the US No \_\_\_\_\_ Yes \_\_\_\_\_ (verify) \_\_\_\_\_

**Complete this section to help us determine your status.**

1. What is your estimated total monthly income? \$ \_\_\_\_\_
2. Will your household's gross income (before taxes deducted) for the month be less than \$150?
  - a. No \_\_\_\_\_ Yes \_\_\_\_\_
3. Does your household have less than \$100 in cash, checking and savings?
  - a. No \_\_\_\_\_ Yes \_\_\_\_\_
4. What is the main reason that you are seeking help today? \_\_\_\_\_
5. How did you hear about the Food Voucher Program? \_\_\_\_\_

**Your information is private:**

- We'll keep your information private as required by law.
- We'll use the information on this form only to see if you qualify for benefits.

**\*Under extreme circumstances, exceptions can be made to some of these policies. Please refer students to the Single Stop or Food Bank Office for more information.**

**FOR OFFICE USE ONLY**

**Emergency Food Voucher Assessment Form**

**Student Name:** \_\_\_\_\_ **Voucher Number:** \_\_\_\_\_

**This form verifies that I have received the following item/s as part of the Petrie  
Emergency Fund Grant.**

**Food Vouchers** \_\_\_\_\_

**Other: Describe** \_\_\_\_\_

**Name (PRINT)** \_\_\_\_\_

**Empl. Id #** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_