



## SVER Application

### MISSION

To provide emergency financial assistance in times of crisis to Student-Veterans, Students who are Active Duty Service Members, and eligible dependents who are at risk of dis-enrolling from Sussex County Community College.

- Applicant must be a student currently attending Sussex.
- Must be recognized by the Department of Defense or the Department of Veteran's Affairs as a Veteran/Active Duty Service Member/Dependent.
- Nature of need must arise as a result of an unforeseeable emergency such as found in the below:
  - A death in the family that has caused significant financial hardship.
  - Automotive Accident/Emergency Vehicular Expense
  - Health Related Emergency.
  - Family/Child Care Emergency
  - Housing Damage

### Eligible Expenses

- Housing/Relocation Expenses
- Food/Hygienic Products
- Medical/Dental Bills
- Auto Repair/Vehicular Costs
- Child Care Costs
- Utility Payments

### Ineligible Expenses

- Tuition (Fees are eligible under SVER)
- Legal Fees
- Alcohol/Tobacco
- Entertainment Expenses

If awarded, the monetary amount will be released from the SVER fund and paid directly to the third party.

The funding will not be released directly to the awardee. \*

**This SVER is designed to remedy acute financial issues and cannot serve as a medium to long term financial solution. The limit for student-veteran application is once per fiscal year.**



## SVER Application

Please submit completed Application to the Veterans Services Coordinator, Student Center, Room 111

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

**Attach a typed document explaining:**

\_\_\_ YOUR REASON FOR APPLICATION

\_\_\_ WHY WILL A SHORT-TERM GRANT HELP YOU STAY ENROLLED AT Sussex ?

\_\_\_ HOW WILL YOU GET BY FINANCIALLY NEXT SEMESTER? (If applicable)

Please attach documentation for the requested funds (i.e. a utilities bill, rent invoice, medical bill, auto shop estimate, etc.). You must provide the business name and address, along with a contact name or department for the purpose of issuing and mailing a check.

*Assistance is granted without regard to race, color, creed, religion,  
sexual orientation, age, gender, disability or national origin.*