

## Student GAS VOUCHER Program (Policy 87-500)

<b>Name:</b> _____	<b>Home Center:</b> _____	<b>Student ID:</b> _____
<b>Semester Term and Year:</b> <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ <input type="checkbox"/> Course Scheduling Conflict _____ <input type="checkbox"/> No Room in the course _____		
<b>Which of the following programs are you participating:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Higher Education  <input type="checkbox"/> OLC Nursing Department  <input type="checkbox"/> OLC Math &amp; Science Department         </div> <div> <input type="checkbox"/> OLC Education Department  <input type="checkbox"/> OLC Vocation Education Department  <input type="checkbox"/> Financial Aid _____         </div> </div>		
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time #Hrs Per Week: _____		

Enter your class schedule and indicate which classes you need gas vouchers for:						
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
9:00AM-12:00PM	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____
1:00PM-4:00PM	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____
5:00PM-8:00PM	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____	<input type="checkbox"/> Ctr _____

**Student Signature:** \_\_\_\_\_

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

Office Use Only
Student is Approved for Gas Vouchers: <input type="checkbox"/> <b>Yes:</b> Estimated Cost for semester: \$ _____ <input type="checkbox"/> <b>No:</b> Reason for Disapproval: <input type="checkbox"/> Stipend <input type="checkbox"/> FinAid Fully Pckg <input type="checkbox"/> Intern <input type="checkbox"/> Employed <input type="checkbox"/> AA/BS/MA Lower or Equivalent Degree.
<b>Center Staff Signature:</b> _____ <b>Date:</b> _____

Student Mileage Chart - Gas Vouchers											
	PROC - Kyle	PSCC - Porcupine	WVCC - Manderson	EWCC - Wanblee	EWCC - Batesland	PROC - Pine Ridge	WVCC - Oyala	LOC - Martin	POCC - Allen	Piya Wiconi	Rapid City
Pejuta Haka- Kyle	XX	9	15	11	10	18	24	12	8	4	31
Pahin Sinte - Porcupine	9	XX	6	21	11	9	14	17	15	8	29
Wounded Knee - Manderson	15	6	XX	26	12	9	14	18	20	12	28
Eagle Nest - Wanblee	11	21	26	XX	23	29	35	15	17	13	34
East Wakpamni - Batesland	10	11	12	23	XX	9	14	7	8	9	43
Pine Ridge College Center	18	9	9	29	9	XX	8	15	15	15	33
Oglala College Center	24	14	14	35	14	8	XX	21	21	21	27
LaCreek - Martin	12	17	18	15	7	15	21	XX	8	14	42
Pass Creek - Allen	8	15	20	17	8	15	21	8	XX	9	37
Piya Wiconi	4	8	12	13	9	15	21	14	9	XX	29
Rapid City	31	29	28	34	43	33	27	42	37	29	XX