



Emergency Bursary Application

PLEASE FILL ELECTRONICALLY OR PRINT USING BLUE OR BLACK INK

Last Name:	Given Name(s):	Student ID No.:
Social Insurance No.:	Mailing Address:	
City:	Province:	Postal Code:
Mobile Phone:	Home Phone:	Office Phone:
Email Address:	Current Degree Level (circle/highlight): Master's / PhD Full-Time / Part-Time	
Faculty:	Department:	Major:
Program Start Date:	Expected Completion Date:	Number of Months Completed:
Citizenship (circle/highlight): Canadian Citizen Permanent Resident International Student		
Marital Status (circle/highlight): Single Married Common Law Separated Divorced Widow		
How many dependent children under 18 years of age are living at home?: (a copy of identification is needed for <u>all</u> dependents)		

Please provide the legal names of all dependents:			
Last Name	Given Name(s)	Birth Date (DD/MM/YYYY)	ID attached <input checked="" type="checkbox"/>

Please provide a 250-500 word explanation of the situation and circumstances that have resulted in your current emergency.



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Please provide a detailed MONTHLY budget using the template provided below.

Household Income (Monthly)		Household Expenses (Monthly)	
Source of Income	Amount (\$CDN)	Source of Income	Amount (\$CDN)
Assistance from Non-Spouse (ie. parents or other family)		Rent/Mortgage	
Spouse/Partner Net Income		Utilities/Phone/Cable	
Employment within University (TA/RA)		Food	
Other Employment		Clothing	
Child Tax Benefit		Transportation	
Disability Benefit		Medical/Dental	
Other Income (please specify source)		Child Care	
		Line of Credit or Loan Payments (please specify)	
		Other Expenses (please specify)	
TOTAL INCOME	\$	TOTAL EXPENSES	\$

MONTHLY SHORTFALL (TOTAL INCOME – TOTAL EXPENSES) = \$_____ (\$CDN)



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Please provide a detailed YEARLY budget using the template provided below.

Household Income (Monthly)		Household Expenses (Monthly)	
Source of Income	Amount (\$CDN)	Source of Income	Amount (\$CDN)
Monthly Income (for 12 months)		Monthly Expenses (for 12 months)	
Savings (as of September)		Tuition and Fees	
Government Student Loan		Books and Supplies	
RESP		Return Transportation	
Scholarships/Bursaries/Awards applied for and held (specify award and status of award below)		Other Expenses (please specify)	
TOTAL INCOME	\$	TOTAL EXPENSES	\$

YEARLY SHORTFALL (TOTAL INCOME – TOTAL EXPENSES) = \$ _____ (\$CDN)



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Additional Information – please provide supporting documentation where suitable

1. Do you own, lease, or have regular use of a vehicle? (circle/highlight): YES NO

If YES, complete the following:

Make:	Model:
Year:	Current Value:

2. Do you have any additional assets (TFSA, RRRSR, Bond, etc.)? (circle/highlight): YES NO

If YES, complete the following:

Description of Asset	Current Value (\$CDN)

3. List any outstanding debts or loans not listed above

4. If your budget resulted in a shortfall, briefly describe how you had planned to meet your expenses for this year



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I understand that if this declaration is not signed, my Emergency Bursary application cannot be considered for funding.

Declaration (please read before signing):

I declare that the information provided on this application and all attachments are true. I understand that all the information provided is subject to verification.

I agree to:

- Notify the GSA Office in writing if I change my address, financial or academic status or study period.
- I understand that I may be denied financial assistance if:
- I am not currently a registered University of Lethbridge graduate student I make a false or misleading statement in this application
- I do not comply with a request from the GSA to provide information or documents to verify information in this application
- I have already been awarded a GSA Emergency Bursary in the previous fiscal year

I allow Graduate Student's Association at the University of Lethbridge to seek:

- The release and exchange of financial or personal information and related documents from such entities as the University of Lethbridge, any level of government department, funding agency, landlord, reference, lending institution or employer, for verification of information provided by me in this bursary application.
- The disclosure of my personal information to the GSA for use in research, statistical analysis, program evaluations and fund raising;
- The disclosure and exchange of personal information and documents including my address, contact information, references, academic status, financial assistance and other personal information by and between the GSA, the University of Lethbridge, and any third party authorized to collect a debt owed to the University of Lethbridge (FOIP Section 40).

Student Signature

Date



Applicant's Use	Office Use	Checklist
		Completed Application Package
		Identification for all dependents
		Resumé/CV, including volunteer or extra-curricular positions, stating hours of each position
		250-500 word explanation of situation/circumstances
		Proof of enrollment in semester for which the application is being submitted

For Office Use Only	
Date Received (DD/MM/YYYY)	
Received By	
Date Reviewed	
Reviewed By	
Amount Approved	
Date of Award Distribution	

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection Privacy (FOIPP) Act. The personal information will be used for award eligibility assessment purposes and the aggregate data will be used for evaluation and statistical summaries. The University of Lethbridge Graduate Students' Association may directly contact Revenue Canada, other federal departments, provincial or municipal departments, employers, financial & educational institutions without your consent, when necessary, to determine and verify your eligibility for the GSA Student Service Award. All information collected by the University of Lethbridge Graduate Students' Association is protected by provisions of the FOIPP Act. If you have any questions about the collection, use or disclosure of your personal information, contact GSA at 403.329.2132.