



Student Event Financial Assistance Application

PLEASE FILL ELECTRONICALLY OR PRINT USING BLUE OR BLACK INK

Applicant Information

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:	This award is being applied for by a (circle/highlight): Individual (on behalf of a group) / Individual	
Name of Group (if applicable):		

Event Information

Name of Event	
Location of Event	
Date(s) of Event	
Have you applied for other funding or donations to support this event?	
What is the total amount requested from the GSA for this event? (\$CDN)	\$



Student Event Financial Assistance Application

I understand that if this declaration is not signed, my Student Event Financial Assistance Award application cannot be considered for funding.

Declaration (please read before signing):

I understand that I may be denied the Student Event Financial Assistance Award if:

- I am not currently a registered University of Lethbridge part or full-time 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 Student Event Financial Assistance Award in the previous year (May-April).
- My social insurance number is not on file with the University of Lethbridge

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.

Applicant Name (please print)

Applicant Signature

Date (DD/MM/YYYY)



Applicant's Use	Office Use	Checklist
		Completed GSA Student Event Financial Assistance Application
		Proof of applicant's enrollment for semester in which the event takes place (or current semester if event is in future) <i>In this case, conditional approval will be granted to successful applications with full approval granted once future enrollment is received</i>
		A 300-600 word explanation of the event, including its purpose, projected number of graduate student attendees, and how the event aligns with the GSA's mandate
		An event budget outlining all projected expenses and sources of income to support the event

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.