



Graduate Students' Association Emergency Bursary Application

General Information:

- Applicant must be currently registered at the University of Lethbridge as a full or part-time graduate student and a member of the Graduate Students' Association at the University of Lethbridge to apply for the bursary.
- Applicant CANNOT have received a GSA Emergency Bursary in the past fiscal year (April 1st 2008 to March 31st 2009).
- The GSA Emergency Bursary is a non-repayable grant, issued to current University of Lethbridge graduate students who need assistance due to an **unanticipated emergency**. Graduate students must have exhausted all other available funding options before applying for a GSA Emergency Bursary.
- The maximum bursary amount is \$500.00 per academic year.

Graduate Students' Association

D413

University of Lethbridge

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403.329.2132

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Application and supporting documents must be submitted according to the

following procedures

- Complete the GSA Emergency Bursary application form. It is the responsibility of the student to ensure the completeness and accuracy of the Application Package.
- If this Application Package is altered from the original formatting, the application will be **automatically rejected**.
- Incomplete** Application Packages will **not** be adjudicated.
- This application form will **not** be returned to the applicant after submission.
- Email (name) at (email) to book an appointment to meet with an Emergency Aid Advisor. The applicant must bring the completed application and all supporting documentation to this appointment. The interview will be approximately thirty (30) minutes in length.
- If the applicant is approved to receive a GSA Emergency Bursary, the funds will be available within one business week. Funds will be sent via campus mail to your lab/office.

Bring the following documentation to your interview

- Completed GSA Emergency Bursary Application Package
- All relevant supporting documents
- Current University of Lethbridge student ID card
- Any other relevant documentation proving your emergency circumstance(s).

Please PRINT and use INK only.

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 changed my address, financial or academic status or study period, or if my reference's address changes.

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 consent to the G.S.A of the University of Lethbridge seeking:

- 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)

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

Date (MM/DD/YYYY): _____ **Applicant's signature:** _____

Have you received a Child Care Subsidy from the GSA between April 1, 2008 & March 31, 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name	Given Name	Student ID No.
Social Insurance No. (SIN)	Mailing Address	
City	Province	Postal Code
Home Phone		Department Phone
Email Address		Faculty of Graduate Studies & Research
Department	Specialty	
Expected Graduation Date	Degree	
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

How many dependent children under 18 years of age are living at home? _____

- *A copy of identification is needed for all family members.*

Please list all your child(ren). Use the legal name of the child(ren).

Last Name	First Name	Birth Date (Date/Month/Year)	Age
1.			
2.			
3.			
4.			

What is the nature of your emergency at this time?

- Please attach required documentation

Number of months in full time study? _____

BUDGET 2010/2011			
Household Income (monthly)	Amount (\$CDN)	Household Expenses (monthly)	Amount (\$CDN)
Assistance from Parents	\$	Rent/Mortgage	\$
Spouse/Partner Net Income	\$	Utilities	\$
Employment (TA/RA)	\$	Phone/Cable	\$
Other Employment	\$	Food	\$
Band Funding	\$	Clothing	\$
Child Tax Benefit	\$	Transportation	\$
Child Care Benefit	\$	Medical/Dental	\$
Child Support/Alimony	\$	Child Care	\$
Orphan's Benefit	\$	Credit Card Minimum Payment	\$
Disability Benefit	\$	Student Line of Credit Payment	\$
Other Income (specify)		Others (specify) _____	\$
	\$		\$
	\$		
		TOTAL MONTHLY EXPENSES	\$
TOTAL MONTHLY INCOME	\$		

Household Income (yearly)	Amount (\$CDN)	Household Expenses (yearly)	Amount (\$CDN)
Monthly income x _____ months	\$	Monthly expenses x _____ months	\$
Savings as of September	\$	Tuition and Fees	\$
Government Student Loan	\$	Books and Supplies	\$
RESPs	\$	Return Transportation	\$
Scholarships (specify)		Other One-time Expenses (specify)	
	\$		\$
	\$		\$
Awards/Bursaries (specify)			\$
	\$		\$
	\$		\$
TOTAL ACADEMIC YEAR INCOME (A)	\$	TOTAL ACADEMIC YEAR EXPENSES (B)	\$

SHORTFALL = Total INCOME (A) – Total EXPENSES (B) = \$ _____

ADDITIONAL INFORMATION (please attach documentation)

1. Do you own or have regular use of a vehicle? YES NO

If YES, complete the following: MAKE: _____ MODEL: _____

YEAR: _____ CURRENT VALUE \$ _____

2. Do you have any additional assets (savings, RRSR's, Bonds, etc)? YES NO

If YES, describe and list the current value:

3. List any outstanding debts or loans NOT listed above:

4. How had you planned to meet your expenses for this year?

Checklist

- **COPIES OF ALL DOCUMENTS REQUIRED FOR YOUR SITUATION MUST BE PROVIDED**

Applicant's Use	Office Use Only	
<input type="checkbox"/>	<input type="checkbox"/>	Completed GSA Emergency Bursary application form
<input type="checkbox"/>	<input type="checkbox"/>	All supporting documentation
<input type="checkbox"/>	<input type="checkbox"/>	Current University of Lethbridge Graduate Student ID
<input type="checkbox"/>	<input type="checkbox"/>	Email (name) at (address)
<input type="checkbox"/>	<input type="checkbox"/>	Declaration is signed by application (beginning of application)

FOR OFFICE USE ONLY

UBEF

Sighted ID#: _____

Student Name: _____

Approved By: _____

Agreed: _____

Recommended Remittance: \$ _____

GSA

Reviewed By: _____

Date Issued (MM/DD/YYYY): _____

Amount Issued: \$ _____

Cheque Number: _____

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 bursary eligibility assessment purposes and the aggregate data will be used for evaluation and statistical summaries. The GSA at the University of Lethbridge 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 Emergency Bursary. All information collected by the GSA at the University of Lethbridge is protected by provisions of the FOIPP Act. If you have any questions about the collection, use or disclosure of your personal information, contact the GSA at 403-329-2139.