

GSA Emergency Bursary Application

Award Terms of Reference (Abridged):

Value: Up to \$500. Students may only receive this bursary one time per 12-month period from the granting of the previous emergency bursary.

Eligibility: Students enrolled in part-time or full-time in any graduate degree program at the University of Lethbridge. Students must supply a completed application and supporting documentation to demonstrate their financial need.

Application: Applicants can receive this bursary once in a 12-month period from the date of their last granted bursary, and applications will be adjudicated through the academic year (May 1st to April 30th) in the order they are received until the funding is fully dispersed.

Selection: Bursaries are reviewed and adjudicated by the GSA Awards Committee on an ongoing basis as applications are received. The committee aims to have applications reviewed and adjudicated within 14 days of acknowledged receipt, however, adjudication may take up to 4 weeks.

Payment: This bursary is paid via cheque. Successful applicants will need to pick up the cheque from the GSA office (M2041, Markin Hall), or the cheque will be mailed if the student lives outside of Lethbridge.

For any questions or concerns regarding this bursary application, or for the full terms of reference, please email: gsa@uleth.ca, or contact the GSA office at 403-329-2132.



Emergency Bursary Checklist:

Use the below checklist to ensure that you have included all required documentation. *Incomplete applications will be rejected.*

Applicant Use	Office Use	Checklist
		Completed application form - ensure budget sections are fully and accurately filled out
		Identification provided for all dependents
		Resume/CV, including volunteer positions, stating hours of each position
		250-500 word explanation of situation/circumstances
		Proof of enrollment for the semester in which the application is being submitted

Office Use Only		
Date received:		
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 Emergency Bursary. All information collected by the University of Lethbridge Graduate Students' Association is protected by provisions of the FOIP Act. If you have any questions about the collection, use or disclosure of your personal information, contact GSA at 403-329-2132.



Applicant Information:

Please Note: the GSA Awards Committee may request supporting documentation for any items.

Today's Date:		
Last Name:	Given Name:	Student ID #:
Street Address:	City:	Postal Code:
Cell Number:	Other Contact Number:	Email Address:
Current Degree (circle/highlight):	Full-Time or Part-Time?	
MASTERS / PHD Faculty:	Department:	Major:
Program Start Date:	Expected Completion Date:	
Citizenship (circle/highlight):	Canadian Citizen Permanent Ro	esident International Student
Have you received this award duri	ng your current degree (circle/highli	ght): YES NO



Budget - INCOME

Monthly Budget		Yearly 1	Budget
INCOME - Please fill in the following of it blank or write N/A. If more lines are student loans and yearly scholarships/l	needed, use the blank li	ines below and provide a descrip	otion for the income. For
University employment (TA/RA)		University employment (TA/RA)	
Other employment		Other employment	
Spouse/Partner's net income		Spouse/Partner's net income	
Government student loans		Government student loans	
Scholarships/Bursaries/ Awards		Scholarships/Bursaries/ Awards	
RESP and/or other savings		RESP and/or other savings	
Assistance from non-spouse (ex. Parents or other family)		Assistance from non-spouse (ex. Parents or other family)	
Child tax benefit		Child tax benefit	
Disability benefit		Disability benefit	
Other income (specify source)		Other income (specify source)	
TOTAL MONTHLY		TOTAL YEARLY	
INCOME:		INCOME:	

^{**}If there is a significant discrepancy between the monthly and yearly totals above ($\sim +/- 10\%$), please explain why here:



Budget - EXPENSES

Mont	thly Budget		Ye	arly Budget
EXPENSES - Please fill in the following categories to the best of your ability. If a line does NOT apply to you, please provide an explanation as to why (ex. "No rent because I live at home"). If more lines are needed, use the blank lines below and provide a description for the expense you're adding. For tuition, fees & books, please divide your yearly cost by 12 to calculate the "monthly" amount.				
Rent/mortgage			Rent/mortgage	
Tuition & fees			Tuition & fees	
Books & supplies			Books & supplies	
Utilities (water/ gas/electricity)			Utilities (water/ gas/electricity)	
Internet/cable			Internet/cable	
Phone			Phone	
Transportation costs (car loan, gas, etc.)			Transportation costs (car loan, gas, etc.)	
Food			Food	
Clothing			Clothing	
Medical/dental			Medical/dental	
Child care			Child care	
Line of credit or loan payments (please			Line of credit or loan payments (please	
specify) Other expenses			specify) Other expenses	
(please specify)			(please specify)	
TOTAL MONTHLY EXPENSES:			TOTAL YEARLY EXPENSES:	
**If there is a significant discrepancy between the monthly and yearly totals above (~ +/- 10%) please explain why here:				
TOTAL MONTHLY INCOME			TOTAL YEARLY INCOME	
MINUS TOTAL MONTHLY EXPENSES			MINUS TOTAL YEARLY EXPENSES	
TOTAL =	(+/-)		TOTAL =	(+/-)



Additional Information:

Please Note: the GSA Awards Committee may request supporting documentation for any items.

1.	Do you own, lease, or have regular use of If YES, complete the following:	a vehicle? <u>YES / NO</u>
	Make:	Model:
	Year:	Current Value:
2.	Do you have any additional assets (TFSA If YES, complete the following:	, RRSP, etc.?) <u>YES / NO</u>
Desci	ription of Asset:	Current Value (\$CDN):
3.	List and explain any outstanding debts no	t included in the budget sheet.
4.	If your budget resulted in a shortfall, brief expenses for this year.	ly describe how you had planned to meet your



Declaration

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

Please read before signing.

I declare that the information provided in this application, all attachments and supplemental documents 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
 - o I have already been awarded a GSA Emergency Bursary in the previous 12-month period
- Abide by the Award Committee's decision
- I understand that I must wait for the Award Committee to adjudicate the award, and while we prioritize emergency bursary applications, <u>adjudication can take up to four weeks</u> after receipt of the application.

I allow the University of Lethbridge Graduate Students' Association 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, for the purposes of this bursary application only.
- Disclose and exchange 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), for the purposes of this bursary application only.

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Student Signature	Date