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| stusu_ColorForOnWhite_catsquires_transparent-03.png | **St. Thomas University Students’ Union**  **EMERGENCY BURSARY APPLICATION FORM** |

**Please Read Carefully:**

Complete all sections fully, and clearly. If certain information is unknown, please indicate that in the space provided. Incomplete or illegible applications will not be considered. Appointments may be made with the Emergency Bursary Co-ordinator for help filling out the application by emailing [**su\_ebursary@stu.ca**](mailto:su_ebursary@stu.ca). The Emergency Bursary Co-ordinator reserves the right to confirm any information provided on the application, including enrolment and student loan status, with the appropriate sources if necessary.

**A letter describing the applicant’s situation must be included with the application form.** If the applicant’s expenses are more than their income, please provide an explanation in the letter. Please explain the specific emergency, what actions are being taken to help prevent it from becoming an ongoing issue, and how a STUSU Emergency Bursary would help.

After receiving an application, the Emergency Bursary Co-ordinator will forward the application to the Emergency Bursary Committee. It is highly recommended that the applicant provides as much documentation as possible to support their projected monthly expenses and income (i.e. grocery receipts, rent receipts, etc.) Failure to provide proper documentation may result in denial of an emergency bursary.

All eligible applications are considered confidentially by the Emergency Bursary Committee. The Committee discusses on a needs-basis as applications are received, and makes decisions regarding applications during this time. Applicants will be contacted, either by email or by their preferred method, regarding the decision on their application. Due to the high level of confidentiality, the number of applications and the strict procedural guidelines, requests by phone or otherwise for information on the status of a bursary prior to the applicant being contacted by a member of the Committee will not be entertained. Applicants will be notified of the status of the application immediately following a decision being made.

These bursaries are not intended as long-term income supplements, rental payments, tuition payments or book subsidies. Applicants may only apply on their own behalf and, if successful, can only pick up their own cheque or e-transfer; if this is made impossible due to accessibility concerns, other arrangements can be made through contacting the Emergency Bursary Co-ordinator. Recipients must be current registered students at St. Thomas University. Applications are considered based on nature and urgency of situation, clarity and completeness of application, amount requested and funds available.

Not all applications will be approved. Granted awards may differ from the requested amount and cannot exceed more than $500 annually. Emergency Bursary cheques or e-transfers are valid until the end of the next full business week following their issue. Decisions of the Emergency Bursaries Committee are final.

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| **Contact Information:** |

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| **Full Name:** |
| **Local Address:** |
| **Home Phone:** |
| **Alternate Phone/Contact:** |
| **St. Thomas University Email Address:** |

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| **Academic Information:** |

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| **Full-Time/Part-Time/International Student:** |
| **Year of Study:** |
| **Major(s):** |
| **St. Thomas University Student ID:** |
| **Home Province:** |

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| **OFFICE USE ONLY** |

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| **Approved [ ]** | **Denied [ ]** | **Award: $** |

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| **Notes/Conditions:** |

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| **Do you file as a Dependent or Independent Student?** |
| **Do you file any Dependents? If yes, how many?** |
| **Online payment information (e-transfer):** |

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| **Resources (per month):**  *You may supply photocopied proof of income, student loan, or any other relevant information. Please specify if you would rather bring said information to a scheduled meeting in your attached letter.* |

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| **Employment:**  *If unemployed, please explain why in the attached letter.* | **$** |
| **Partner’s Monthly Income:**  *If living together and sharing expenses.* | **$** |
| **Parental Contributions:**  *Estimated minimum monthly income from parents/guardians.* | **$** |
| **Federal/Provincial Government Contributions:**  *Other than Student Loan. (Ex. Social Assistance, EI, Aboriginal Benefits, ect.)* | **$** |
| **Other (explain in letter):**  *Child support, unexpected/irregular income, all other.* | **$** |
| **TOTAL:** | **$** |

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| **Expenses (per month):**  *If any expenses are shared, please indicate both your portion* ***AND*** *the total amount. (Ex. Rent: $300 of $900/m)* |

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| **Rent/Mortgage:** | **$** |
| **Personal Debt/Interest Payments:**  *Credit card, line of credit, ect.* | **$** |
| **Partner’s Debt/Interest Payments:**  *If living together and sharing expenses – credit card, line of credit, ect.* | **$** |
| **Utilities:**  *Heating, lighting, water, ect.* | **$** |
| **Phone/Internet/Cable/Satellite:**  *Approximate combined monthly total from all providers.* | **$** |
| **Food/Groceries:** | **$** |
| **Personal Care:**  *Clothing, toiletries, ect.* | **$** |
| **Childcare:**  *Daycare, after school care, babysitter, ect.* | **$** |
| **Transportation:**  *If not using the Bus Pass, please explain why in the attached letter.* | **$** |
| **Medical Bills:**  *Prescription medication, vaccines, hospital care, travel for medical reasons, ect.*  Wart treatment | **$** |
| **Other (explain in letter):**  *Unexpected/irregular expenses, all other.*  *Counselling Sessions* | **$** |
| **TOTAL:** | **$** |

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| **Education Financing (2023-2024):** |

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| **Outstanding University Tuition:**  *(After scholarships) residence fees, ect.* | **$** |
| **Academic Supplies:**  *Books, course packs, required materials, ect.* | **$** |
| **Scholarships:**  *Please consider tuition waivers as scholarships.* | **$** |
| **Other Bursaries:**  *Indicate those received, and indicate in letter all others applied for.* | **$** |
| **Student Loan Amount:**  *Indicate amounts received and/or pending funds, if any.* | **$** |

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| **AMOUNT REQUESTED:** | **$** |

**I understand the guidelines mentioned above, I confirm that all of the information provided is accurate to the best of my knowledge, and I recognize that it is an offence to knowingly make false or misleading statements or claims for the purpose of financial gain.**

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**Print Student Name Student’s Signature Date**

**Please submit your completed application along with your letter by email at** su\_ebursary@stu.ca