



# Emergency Student Aid Application

The intention of this fund is to provide short-term relief to SGPS members who find themselves in severely restricted financial circumstances. Amounts available are very small.

## Personal Information

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

## Financial Information

Average **Monthly** Household Income: \$ \_\_\_\_\_  
(include from all sources - bursaries, scholarships, TA-ships, partner, etc)

Number of Dependents (not including yourself): \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Groceries: \$ \_\_\_\_\_ Childcare: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

If you used the other category, please explain:

\_\_\_\_\_  
Describe the cause(s) of your financial hardship (include additional pages as required)

I certify the above to be true: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

### SGPS Office Use Only (5415)

Approved By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_