



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: _____ **Student #:** _____

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): _____

Monthly Expenses

Rent: \$ _____ Utilities: \$ _____ Tuition: \$ _____

Groceries: \$ _____ Childcare: \$ _____ Other: \$ _____

If you used the other category, please explain:

Describe the cause(s) of your financial hardship (please use other side of sheet)

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

SGPS Office Use Only (5415)

Approved By: _____ Amount: \$ _____