



Emergency Student Aid Application Form

The intention of this fund is to provide short-term relief to SGPS members who find themselves in severely restricted financial situations, especially due to unforeseen circumstances. Amounts available are very small. Please contact the SGPS VP Finance and Services with any questions about the application process (vpfs@sgps.ca). Please note, this fund can only be accessed once per academic year (September 1-Aug 31). **Please complete both application pages** and submit your application to the Front Desk at the SGPS Office (room 021 in the JDUC).

Personal Information

Name: _____

Department: _____

Student #: _____

Address: _____

Phone: (_____) _____ - _____

E-Mail: _____

I certify that all information presented in this application, to the best of my knowledge, is complete and accurate. I will notify the SGPS immediately if any of the information submitted changes.

Applicant's Signature: _____ Date: _____

SGPS Office Use Only (5415)

Approved By: _____ Amount: \$ _____

Financial Information

Study Status *(please check all boxes that apply)*

- Domestic International Exchange
 Full-time Part-time On-campus Off-campus

Monthly Income

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

(please check all boxes that apply)

- Single Living with a Partner Living with Dependents

Number of Dependents (not including yourself): _____

Monthly Expenses

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

Food: \$ _____ Childcare: \$ _____ Other: \$ _____

If you used the other category, please explain:

Describe the cause(s) of your financial hardship (include more sheets as necessary):