

BC Student Emergency Assistance Funding

ELIGIBILITY:

Available to UFV students who may be experiencing extreme financial difficulties that are beyond their control and prevent them from reaching their educational goals. Must be a BC resident who is also a Canadian citizen or Permanent resident.

INSTRUCTIONS:

- Please print in ink.
- Answer all questions carefully. Incomplete applications cannot be processed.
- Must provide a written explanation of your emergency situation.
- Read the declaration at the end of this application, then sign and date it.
- Please scan and email completed application to finaid@ufv.ca

PERSONAL INFORMATION												
UFV Student Number:		Social Insurance Number:										
Last Name:	First Name:	Previous Last Name:										
Address:												
City:		Province:	Postal Code:									
Phone:	Email:	Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> </tr> </table>		Y	Y	Y	Y	M	M	M	D	D
Y	Y	Y	Y	M	M	M	D	D				
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Indigenous <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Must be a BC resident to qualify</i>										
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law		<input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced Do you have any dependents that live with you full time? <input type="checkbox"/> Yes <input type="checkbox"/> No Ages: _____										
Residence during study period:												
<input type="checkbox"/> Rented accommodation <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Own		<input type="checkbox"/> Living with parents <input type="checkbox"/> UFV Residence <input type="checkbox"/> Other: _____										
Program:		What year of study are you completing this semester? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th										

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FINANCIAL RESOURCES & EXPENSES

Calculate your budget for the current semester period

Start Date	YYYY	MMM	DD	End Date	YYYY	MMM	DD
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EXPENSES – for 4 month period		REVENUE – for 4 month period	
Tuition & Fees	\$	Savings (prior to tuition payments)	\$
Books/Supplies	\$	Bursaries/Scholarships/Grants	\$
Room & Board/Rent/Mortgage	\$	Student Loans & Grants/Line of Credits	\$
Food	\$	Spouse's Student Loans/Grants (if applicable)	\$
Utilities (phone, hydro, cable)	\$	Sponsored Tuition/Books	\$
Transportation (related to your schooling)	\$	Earnings	\$
Childcare (include subsidy amount)	\$	Spouse's Earnings (if applicable)	\$
Medical/Dental/Optical	\$	Social Assistance/CCP/EI/WCB etc.	\$
Spouse's Student Loan Payments (if applicable)	\$	Sponsorship (Native Band Funding, etc.)	\$
Insurance (home, car)	\$	Parent/Guardian Contribution	\$
Misc. (please specify)	\$	Child Support/Alimony	\$
		Childcare Subsidy	\$
		Other: (please specify)	\$

EMERGENCY EXPENSES

Emergency Expense	Description of Emergency Expense	Amount
		\$
		\$
		\$
		\$

In order to process your request for emergency funding you must attach a letter outlining your situation.

DECLARATION

I, the undersigned, hereby declare that the information I have provided is complete and true in every respect. I authorize the University of the Fraser Valley to have complete access to my financial information and academic records in order to determine eligibility with the understanding that this information will be received in confidence by the University. I further authorize UFV to release pertinent information to the donor(s) if requested.

Signature

Date