

UMGSA Emergency Assistance Grant Application

University of Manitoba Student number _____

Name _____
(First name)
(Middle name)
(Last name)

Telephone number: _____ Email Address: _____

Marital Status: Single Married / Common-Law Single Parent Separated / Divorced

If married, is your spouse: Part-time student Full-time student Not a student Employed Unemployed

Do you have children? Yes No (If Yes, you must complete the Applicant's dependents section on the next page)

BUDGET FOR THE SCHOOL YEAR (September 1 – August 31)

Expenses	\$ Total	Resources	\$ Total
Tuition cost for both terms <i>(including health insurance)</i>		Your current employment & all other income <i>(do not include amounts already included in the following fields)</i>	
Books & Supplies/Equipment		Spouse's income <i>(if married)</i>	
Mortgage / Rent Payments		Trust Funds / Bonds / RESP	
Telephone <i>(cell & land lines)</i>		Previous savings	
Heating / Electricity / Water		Summer savings <i>(Please estimate)</i>	
Food <i>(groceries)</i>		Band sponsorship	
Clothing / Personal Items		Bank loan / Line of Credit	
Transportation <i>(car payment)</i>		Government Income <i>(i.e. Family allowance, Orphan's benefit, etc.)</i>	
Transportation <i>(bus pass payment)</i>		Scholarship / Bursary / Graduate Fellowships	
Transportation <i>(gas payment)</i>		Income tax refund <i>(estimate)</i>	
Entertainment & dining out		Government Student Aid	
Insurance(s) *Do not list your UM health and dental plan costs if they already have been calculated in your tuition.			
Laundry			
Other <i>(Please specify what this is for, i.e. Day-care; medication, etc.)</i>			
TOTAL	\$	TOTAL	\$

Deficit (Resources - Expenses) = \$ _____

FAMILY PROFILE

APPLICANT'S WITH DEPENDANTS: How many children do you have? _____

Age	Name of school or day-care	Amount of fees paid by applicant	Other support child receives
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Please outline why this funding is essential to you. Please limit your reply to 500 words or less.

READ THIS BEFORE YOU SIGN BELOW: I hereby declare that all the above information is complete and true in every respect, and that financial assistance is essential for me to continue my education. All information is mine alone and if not, any grant money received, if applicable, is forfeit. I also consent to full access to my student records. (This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purposes of assessment of financial need and will not be used for public and / or university publication purposes. I agree to the Faculty of Graduate Studies assessing my application for the purpose of review and recommendation to GSA for approval.

Signature of Applicant _____ **Date** _____

UMGSA Emergency Grant Fund Information & Eligibility Criteria

To be eligible to receive funding from this grant program:

1. Applicants must be registered as either full or part time graduate students in the current academic year in both their home faculties and the Faculty of Graduate Studies.
2. Applicants must comply with the UMGSA Emergency grants policy and procedure.
3. Applicants must be able to explain clearly why emergency assistance is required.
4. Applications must bear the applicant's original signature (in ink) or forms will not be processed due to privacy laws.
5. Applicants will be awarded no more than \$200 within an academic year or the amount requested, whichever is lower.
6. Successful recipients will be contacted within 5-7 business days by the UMGSA.
7. Funding will be disbursed in the form of a cheque, payable to the student, issued by the UMGSA.
8. Grant applicants should complete the UMGSA Emergency Assistance Grant Application Forms.

RETURN COMPLETED APPLICATIONS TO:
The Faculty of Graduate Studies
graduate.awards@umanitoba.ca