****HSD Emergency Assistance for Indigenous Students Fund Application

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| --- | --- | --- | --- |
| Last Name: | | First Name: | |
| V#: |  | Email: | |
| Address: | | City/Province: | |
| Postal Code: | | Phone: | |
| Program: | | SIN# | |
| * First Nations (Status or non-Status) * Métis * Inuit | | Year of Study:   * 1st year * 2nd year | * 3rd year * 4th year * Graduate |

# Provide a brief description of what your unexpected need/emergency is:

|  |  |
| --- | --- |
| **Please check the most appropriate need/emergency category:** |  |
| Housing/Relocation (e.g. rent, security deposit) | □ |
| Living Expenses (e.g. groceries, utilities, child care, clothing) | □ |
| Family Crises/Community Obligations (e.g. illness/funeral of family member) | □ |
| Transportation and Vehicle Repairs (e.g. vehicle repairs) | □ |
| Medical/Optical/Dental (e.g. eyeglasses, dental and medical) | □ |
| Tutoring/School Equipment and Supplies (e.g. books, school supplies, fees) | □ |
| Unexpected Personal Expenses (e.g. delay in sponsorship funding) | □ |
| Other (Please describe) | □ |

Amount requested: Does this bursary cover the need/emergency? Yes / No

Do you receive monthly sponsorship/payment from an organization (for example a band, Indigenous organization, or a Ministry office)? If so, how much do you receive?

Have you also applied for emergency funds from Indigenous Academic and Community Engagement (IACE)? Yes/No

How many people live in your household (please indicate how many are dependents’) and are there any other adults that contribute to the household?

If you answered no, what is the total amount that would cover this emergency?

I understand that I may be required to provide proof of expense prior to processing the emergency fund.

I understand that any funds received will be in my student record and a T4A tax receipt for any fund received from UVic with any combined total above $500.

I understand approval of this application will be at the discretion of the reviewers.

**I verify the information provided is true and accurate.**

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| --- | --- | --- | --- |
| Student Signature: |  | | Date: |
| *To be completed by UVic Office only:* | | | *Approved by:* |
| *Delivery: Mail Out* | *Direct Deposit* | *Pick-up* | *Signature:* |
| *Amount Approved:* | | | *Tracking updated: Documentation number:* |