



HSD Emergency Assistance for Indigenous Students Fund Application

Last Name		First Name	
V#		Email	
Address		City / Province	
Postal Code		Phone	
Program		SIN#	
<input type="checkbox"/>	First Nations (Status or non-Status)	<input type="checkbox"/>	1st Year of Study
<input type="checkbox"/>	Métis	<input type="checkbox"/>	2nd Year of Study
<input type="checkbox"/>	Inuit	<input type="checkbox"/>	3rd Year of Study
		<input type="checkbox"/>	4th Year of Study
		<input type="checkbox"/>	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)	<input type="checkbox"/>
Living Expenses (e.g. groceries, utilities, child care, clothing)	<input type="checkbox"/>
Family Crises / Community Obligations (e.g. illness / funeral of family member)	<input type="checkbox"/>
Transportation and Vehicle Repairs (e.g. vehicle repairs)	<input type="checkbox"/>
Medical / Optical / Dental (e.g. eyeglasses, dental and medical)	<input type="checkbox"/>
Tutoring / School Equipment and Supplies (e.g. books, school supplies, fees)	<input type="checkbox"/>
Unexpected Personal Expenses (e.g. delay in sponsorship funding)	<input type="checkbox"/>
Other (Please describe):	<input type="checkbox"/>

Amount requested

\$

Does this bursary cover the need / emergency?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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.

Student Signature:	Date:

To be completed by UVic Office only	Approved by:			
Delivery:	Signature:			
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Amount Approved:	Tracking updated:			
	Documentation number:			