

Emergency Bursary Application

Emergency bursary funds are non-repayable financial assistance for eligible Capilano University students who demonstrate a sudden and unexpected financial emergency during a term in which the student is enrolled and where all other sources of income have been exhausted.

- Emergency bursaries are not designed to meet educational costs common to all students, such as tuition fees, and are dependent upon the availability of funds.
- Emergency bursary approvals are case-specific and additional supporting documentation may be requested.
- Indigenous students may also access emergency funding through First Nations Student Services (indigenous@capilano.ca).

Minimum Eligibility Requirements

1. Domestic or international Capilano University student;
2. Current full-time or part-time enrolment in any credit program at Capilano University;
3. Demonstration of a sudden and unexpected financial emergency;
4. Demonstration of financial need (as assessed by Financial Aid and Awards);
5. Based on available funds.

Application Instructions

1. The application is fillable and can be completed electronically. Download and save the application prior to completing it.
2. Answer all questions carefully. Incomplete applications will not be processed.
3. Read, sign and date the 'Applicant Declaration.'
4. Attach supporting documentation related to your sudden and unexpected financial emergency. This documentation should support what you have outlined in your 'Statement of Circumstance' as well as what you have reported in your 'Budget Worksheet' (e.g. receipts, proof of loss of employment, two recent paystubs, etc.).
5. Using your CapU student email account, email your completed application to finaid@capilano.ca.

Application Deadlines

TERM OF STUDY	APPLICATIONS OPEN	APPLICATIONS CLOSE
FALL 2024	September 3, 2024	December 2, 2024
SPRING 2025	January 6, 2025	April 1, 2025
SUMMER 2025	May 12, 2025	August 1, 2025

Applicant Information	
STUDENT NUMBER	TERM OF STUDY
FIRST NAME	LAST NAME
CITIZENSHIP <input type="checkbox"/> DOMESTIC <input type="checkbox"/> INTERNATIONAL	WHAT IS YOUR GENDER IDENTITY? – OPTIONAL
DO YOU IDENTIFY AS INDIGENOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CHOOSE NOT TO DISCLOSE	DO YOU IDENTIFY AS BLACK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CHOOSE NOT TO DISCLOSE
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED OR COMMON-LAW <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> SEPARATED, DIVORCED, OR WIDOWED	HOW MANY CHILDREN DO YOU HAVE? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+
ARE YOU CURRENTLY LIVING WITH YOUR PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN, OR IN A HOME OWNED OR RENTED BY THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A REGISTERED PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CHOOSE NOT TO DISCLOSE
DID YOU RECEIVE FUNDING UNDER THE BC TUITION WAIVER PROGRAM THIS TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL INSURANCE NUMBER (SIN) – OPTIONAL

SIN is collected for the purpose of T4A administration. Recipients of awards will be required to provide their SIN to Capilano University for income tax purposes. Refer to Canada Revenue Agency's "Students and Income Tax" publication for further information <http://www.cra-arc.gc.ca/E/pub/tg/p105/p105-e.html>

Need Category
PLEASE CHECK THE MOST APPROPRIATE NEED/EMERGENCY CATEGORY:
<input type="checkbox"/> Unforeseen changes in housing or living expenses (e.g., rent) <input type="checkbox"/> Food Insecurity (e.g., limited or uncertain access to food) <input type="checkbox"/> Unexpected Changes in Employment <input type="checkbox"/> Medical/Optical/Dental (e.g. illness, expenses not covered by insurance)
Other: _____
Note: Items that are not considered for emergency funding include outstanding or upcoming tuition and fees, loan/credit card and car payments.
If you selected Food Insecurity as a Need Category, please indicate if you would like to be referred to Quest Food Exchange (https://www.questoutreach.org/) which is a not-for-profit grocery market:
<input type="checkbox"/> YES <input type="checkbox"/> NO
If you selected Yes, you consent to Financial Aid and Awards forwarding the following information to Quest Food Exchange: your last name, first name, email address, phone number, postal code and the answers to the questions below:
Would you be a new or returning client to Quest Food Exchange? (returning clients can be renewed after 3 years):
<input type="checkbox"/> New <input type="checkbox"/> Returning
Indicate the preferred market location you would like to pick up your Quest client card:
<input type="checkbox"/> Vancouver – 2020 Dundas Street, V5L 1J4 <input type="checkbox"/> Vancouver – 711 E. Hastings, V6A 1R3 <input type="checkbox"/> Surrey – 13890 104 Avenue, V3T 1X2 <input type="checkbox"/> Burnaby – 7753 6th Street, V3L 3C8 <input type="checkbox"/> North Vancouver – 167 1st Street East, V7L 1B2

Applicant Circumstance	
1.	How you are/were going to pay for your tuition and fees, textbooks and other educational costs this term.
2.	How you are/were going to pay for your living expenses (food, housing, cell phone, internet, etc.) for this term.
3.	A clear outline of your sudden and unexpected financial emergency.
4.	A clear outline of efforts made in pursuing alternative financial resources.
5.	A description of the expenses that emergency funding would support.

Remember to attach supporting documentation to support what you have outlined in your 'Statement of Circumstance' as well as what you have reported in your 'Budget Worksheet' (e.g. receipts, proof of loss of employment, two recent paystubs, etc.)

Budget Worksheet

- Calculate your expenses and resources for the **current 4 month term**.
- **Answer all questions. Enter \$0 or N/A if none.**
- **Do not report standard living expenses (rent, transportation, food, etc.) or your tuition/fees/book amounts.** These expenses will be automatically considered and assessed in accordance with StudentAid BC financial need assessment standards.

Budget Information for the Current Term		
EXPENSES	AMOUNT	OFFICE USE ONLY
CHILD CARE (monthly)		MSOL _____
CHILD SUPPORT (monthly)		Actual Tuition & Fees _____
SPOUSAL SUPPORT (monthly)		IA Textbooks _____
EXCEPTIONAL EXPENSES (total term)		Reported Expenses: _____
OTHER (SPECIFY) (total term)		Total Expenses _____
RESOURCES	AMOUNT	
EMPLOYMENT INCOME (monthly net)		Reported Resources: _____
GOVERNMENT ASSISTANCE (monthly net)		_____
PARENTAL/FAMILY SUPPORT (total term)		Max SL: _____
SPOUSE INCOME (monthly net)		SL > Income (y/n) _____
SAVINGS (total term)		_____
BAND FUNDING – TUITION (total term)		Total Expenses _____
BAND FUNDING – LIVING ALLOWANCE (monthly)		Less: Reported Resources or Max SL _____
DISABILITY ASSISTANCE (monthly)		_____
CHILD CARE SUBSIDY (monthly)		FN _____
SPOUSAL SUPPORT (monthly)		_____
CAPU OR EXTERNAL AWARDS (total term)		
OTHER (SPECIFY) (total term)		

Applications are subject to audit. Applicants may be required to submit additional supporting documentation as part of the audit process. Awards will be revoked for students who fail to provide supporting documentation or misrepresent themselves on applications.

Applicant Declaration

I certify that the information provided on this application is true and complete to the best of my knowledge. If requested, I will provide supporting documentation for verification of information provided and of award eligibility. I authorize Capilano University to verify information collected on this application and I consent to the disclosure of information on this application to other educational institutions, government student loan agencies, and the BC Ministry of Advanced Education as required. I understand that any misrepresentation or false information provided may result in the cancellation of any application or award that I may receive and that I may be subject to university disciplinary action. I understand that outstanding university debts will be deducted from any award that I am granted. If I am granted an award, I consent to the disclosure of my information, relevant to the requirements of the award, to applicable Capilano University departments. In accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA) personal information can only be used for the purpose for which it is collected; for a reason consented to by the individual; or in accordance with sections 33 to 36 of the Act.

 APPLICANT SIGNATURE

 DATE

EXPENSES

- Child Care:** If you have child care expenses for your children aged 11 years and younger, enter the **monthly amount** you are required to pay each month during the term that this financial need worksheet is for.
- Child Support:** Child support (also called maintenance) is financial support that one parent pays to the other parent under an agreement or court order to help provide for the daily needs of a child. If you are required to make these payments, enter the **monthly amount** you are required to pay each month during the term that this financial need worksheet is for.
- Spousal Support:** Spousal support (also called maintenance) is financial support paid to a former spouse under an agreement or court order to help with living expenses. If you are required to make these payments, enter the **monthly amount** you are required to pay each month during the term that this financial need worksheet is for.
- Exceptional Expenses:** If you have exceptional financial circumstances that set you apart from other students and are a barrier to accessing your education, you may report the **total amount** of your exceptional expenses you have to pay during the term that this financial need worksheet is for here.

RESOURCES

- Employment Income:** If you will be employed or on a co-op work term during the term that this financial need worksheet is for, enter the **monthly net amount** of income that you will earn. The net amount is what is left after tax deductions.
- Government Assistance:** If you receive government assistance such as Employment Insurance (EI) benefits, Canada Recovery Benefits (CRB, CRCB, CRSB), etc., enter the **monthly net amount**.
- Parental/Family Support:** Enter the **total amount** of all financial support you will receive from your parents/family (including RESPs, scholarship trust funds, support for living expenses, rent payments they will make for you, room-and-board, etc.) during the term that this financial need worksheet is for.
- Spouse Income:** Enter the **monthly amount** of employment income that your spouse/common law partner will earn during the term that this financial need worksheet is for.
- Savings:** Enter the **total amount** of savings that you have for during the term that this financial need worksheet is for.
- Band Funding – Tuition:** If you will be receiving band funding or band sponsorship tuition support, enter the **total amount** you will be receiving for tuition, textbooks, and school supplies during the term that this financial need worksheet is for.
- Band Funding – Living:** If you will be receiving band funding or band sponsorship living allowance, enter the **monthly amount** you will receive for your living allowance during the term that this financial need worksheet is for.
- Disability Assistance:** If you will be receiving disability assistance through the BC Employment and Assistance Program for Persons with Disabilities, enter the **monthly amount** you will receive during the term that this financial need worksheet is for.
- Child Care Subsidy:** A child care subsidy or allowance is financial support provided by the government to help parents and guardians with the cost of child care. If you are receiving this financial support, enter the **monthly amount** that you will receive during the term that this financial need worksheet is for.
- Child Support:** Child support (also called maintenance) is financial support that one parent pays to the other parent under an agreement or court order to help provide for the daily needs of the child. If you receive these payments, enter the **monthly amount** you will receive during the term that this financial need worksheet is for.
- Spousal Support:** Spousal support (also called maintenance) is financial support to help with living expenses paid to a former spouse under an agreement or court order. If you receive these payments, enter the **monthly amount** you will receive during the term that this financial need worksheet is for.
- Awards:** If you are approved to receive a scholarship or award, enter the **total amount** that you will receive during the term that this financial need worksheet is for.