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| **Conditions:**   * As students, for the most part, we all have financial hardship, but these bursaries are reserved for those who need **immediate foodbank assistance due to unforeseen and/or unfortunate circumstances.** A three-member committee comprised of CBUSU staff (Student Executive/Full Time) will assess your circumstances and decide as to whether you are eligible for this assistance. * Eligibility for receiving an emergency foodbank package is determined on an individual basis and will be assessed based on personal/family income, available personal resources, single parent status, etc. * The CBU Students’ Union reserves the right to ask applicants for personal information regarding financial circumstances, as well as to verify any relevant third-party information provided by the student. * To receive support a student must be a member of CBUSU (MBA students are not members). * Fill out the enclosed form. * Provide a government (if possible) and student identification card. \*\*The Identification cards will be photocopied and kept on file with the emergency bursary application.  The Emergency Foodbank Committee will immediately assess the applicant’s situation and must approve the request by a 2/3’s majority. | | | | |
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| **IMPORTANT APPLICATION NOTES**  **If you apply via email, please note only completed applications will be processed.**  **Completed applications include all sections filled properly and a copy of your student ID attached.** | | | | |
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| **Please note: Purchase of books and/or payment of course fees (tuition)**  **is not considered an “emergency” for the purposes of this bursary.** | | | | |
| **I hereby declare that I acknowledge and understand these conditions, and I am an eligible candidate for the CBU Students’ Union Emergency Foodbank Access** | | | | |
|  |  |  |  |  |
| Signature |  | Student ID |  | Date |

**Please send the complete application to: Colton Burke, VP Finance & Operations at su\_vpfo@cbu.ca**

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| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Family Name: | |  | | | | | | | | | |  | Given Names: | | | | |  | | | | | | | | |
| 2. Student ID: |  | | | | | | | | | | | Program: | |  | | | | | | | | | | | |
| 3. MM/YY **Start** @ CBU: | | | |  | | | | | | | | MM/YY **Finish** @ CBU: | | | | | | |  | | | | | | |
| 4. # of Credits: | | | | | May-Aug #\_\_\_, 20\_\_ | | | | | | |  | Sep-Dec #\_\_\_, 20\_\_ | | | | | | |  | Jan-Apr #\_\_, 20\_\_ | | | |  | |
| 5. Local Address: | |  | | | | | | | | | | | | | | | | | | | Postal Code: | | |  | | |
| 6. Permanent Address (if different from above): | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | Postal Code: | | |  | | |
| 7. Local Phone # | |  | | | | | | | | | |  | Cell Phone # | | | |  | | | | | | | | | |
| 8. CBU Email Address (required): | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 9. Alternative Email Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 10. What is your current housing status? (Please check off box). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence | ▢ | | | | With family | | | | ▢ | | | | Off-campus (alone) | | | ▢ | | | Off-campus (roommates/ spouse) | | | | | | ▢ | |
| If none of the above, please specify: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 11. Are you currently employed on or off campus? | | | | | | | | | | | | | YES | ▢ | | | | | | NO | | ▢ | | | | |
| If YES, please specify name of employer and hours worked: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of employment: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Phone #: | |  | | | | | | | |  | Number of hours per week: | | | | | | | | |  | | | Hourly Rate: | | |  |

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| **12. Emergency Foodbank Budget Review** | | |
| **Student Resources** | Monthly | Yearly |
| Are you currently in receipt of a Student Loan/Grant/Line of Credit/Government Funding? | $ | $ |
| Have you or are you currently in receipt of the CBU Perseverance Student Relief Fund? | $ | $ |
| Have you received any Bursaries/Scholarships in the Current Academic Year? | $ | $ |
| Employment Income | $ | $ |
| Family Support and Other Income | $ | $ |
| **Totals (a)** | **$** | **$** |
| **University Expenses** | Monthly | Yearly |
| Tuition & Fees | $ | $ |
| Textbooks & Supplies | $ | $ |
| University, Association Fees, Health and Dental Plans. | $ | $ |
| Parking and Transit Fees | $ | $ |
| Loan Payments | $ | $ |
| Other | $ | $ |
| **Totals (b)** | **$** | **$** |
| **Living Expenses** | Monthly | Yearly |
| Rent/Mortgage, if you have roommates please enter your share. | $ | $ |
| Telephone and or Cell Phone | $ | $ |
| Utilities: Electricity, heat, water, internet, etc. | $ | $ |
| Insurance; home and auto. | $ | $ |
| Transportation | $ | $ |
| Groceries and home related expenses. | $ | $ |
| Other; Debt Payments, laundry, medical, debt payments (loans), Family Care, etc. | $ | $ |
| **Totals (c)** | **$** | **$** |
| **TOTALS** | **Monthly** | **Yearly** |
| **Student Resources Totals (a)** | **$** | **$** |
| **Less University Expenses Totals (b)** | **$** | **$** |
| **Less Living Expenses Totals (c)** | **$** | **$** |
| **Financial Need (a-b-c)** | **$** | **$** |
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| 13. Describe the circumstances that warrant your situation as an emergency. | | | | | | |
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| 14. Foodbank resources on an emergency basis are an important part of the Students’ Union mandate and it is, therefore, important that students know this service is available. To assist us in finding the most effective method of communicating this service could you specify how you were informed about the emergency bursary fund? | | | | | | |
|  | | | | | | |
| **I hereby declare that I acknowledge and understand the terms of this application. The information I have provided accurately reflects my situation to the best of my knowledge and this information will be held in complete confidence within the Students’ Union. I understand that CBU Students’ Union reserves the right to request repayment for any supplies dispersed under this policy and/or pursue legal action in the recovery of such funds if the CBU Students’ Union is of the opinion that I have provided false or misleading information in this application.** | | | | | | |
|  | | |  |  | |  |
| Signature | | | Date | | | |
|  | | | | | | |
| **CBUSU OFFICE USE ONLY** | | | | | | |
| Committee Member | | | Note | | | |
|  | | |  | | | |
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|  | | |  | | | |
| Approved: | YES | NO | Amount: | | $ | |
| Notes: | | | | | | |
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