

Emergency Bursary Application

Funds have been made available as an emergency bursary for both full-time and part-time Out of Province and International students. This is non-repayable funding and eligibility will depend on each applicant's unique situation.

_ast Name:	First Name:			
Student Number:	Program and Year:			
Emily Carr Email Address	::			
1. Where are you o	urrently living?			
☐ with parents☐ self-owned re	☐ rented accommodations sidence ☐ renting from parents			
·	In what province or country did you reside for the last 12 consecutive months without being a full-time student?			
3. If you are a Cana	dian citizen, did you apply for government student assistance for the current			
Current Semeste	er 🗆 Yes 🗆 No Amount Received			
If not, please exp	plain why:			
4. How many credi	ts are you registered in?			

What are you seeki medical costs).	ing emergency	assistance for? Ple	ase be specific (i.e. groceries, rent, supplies,	
How much funding	are you seekin	g?			
Are you married/co	ommon law/pai	rtnered?			
□Yes □	No If no, prod	ceed to question 7			
Spouse's Informati					
☐ Employed	Net Salary per	month: \$			
☐ Student	Current Seme	ster Tuition: \$	Book	s & Supplies: \$	
	Received stud	lent loan: ☐ Yes	□ No Amount:	\$	
☐ Unemployed	Source and amount of income:				
☐ Other	Explain:				
If you are a parent,	please list the	first name & age fo	or each of your c	lependent children:	
First Name		<u>Age</u>	In your cust	ody?	
			☐ Yes	□ No	
			☐ Yes	□ No	
Are you currently re	egistered with	Emily Carr for dire	ct deposit? 🛭 Ye	es 🗆 No	
IMPORTANT: You r	must be registe	ered for direct dep	osit to receive t	his funding. If you are not	
already registered,	please comple	te the application	available on our	website at:	

10. Budget

What are your average **monthly** expenses while you are attending the University?

• Do not include tuition and supplies.

MONTHLY EXPENSES

• Married students, and students with dependents, must provide expenses for the entire family.

Rent (your share)	\$
Food	\$
Transportation (not U-Pass)	\$
Miscellaneous	\$
Medical / Dental	\$
Utilities (phone, hydro, etc.)	\$
Other (specify below)	
	\$
	\$
	\$
	\$
TOTAL MONTHLY EXPENSES	\$

Please return your completed form to finawards@ecuad.ca from your Emily Carr email address only. Applications submitted from another email address will not be considered. You will be notified of your eligibility within 7 business days.