



THE UNIVERSITY OF LETHBRIDGE
STUDENTS' UNION
4401 University Drive, Room SU180
Lethbridge Alberta, T1K 3M4
Ph: (403) 329-2222, Fax: (403) 329-2224
WWW.ULSU.CA

The Students' Union, the University of Lethbridge
STUDENT EMERGENCY FINANCIAL GRANT REQUEST FORM

APPLICATION CHECKLIST

- ✓ Please make sure that all the following items have been fully completed an/or attached as necessary

- Completed Student Emergency Financial Grant Request Form which includes:
 - All personal information, including name, ID#, contact phone number, and email address
 - Monthly income
 - Semester expenses
 - Sources of income (ie: student loans, scholarships, job, etc.)

- Letter of Intent stating your circumstances which caused your need for assistance, as well as your financial position.

- Copy of your bank statement of the last 30 days.

- Copy of your last two pay stubs

- Letter of enrollment (*from the Registrar's office*)

- Letter of financial standing (*from the Cash office*)

- Copy of last month's bills

- Copy of eviction notice (*if applicable*)

- Proof that other possible funding sources have been exhausted

- Arrear notices (*if applicable*)



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**STUDENT EMERGENCY FINANCIAL
GRANT REQUEST FORM**

(The following information is Confidential and will only be viewed by the ULSU office, for assistance purposes only.)

Name:	Student ID #:
Date:	# of classes enrolled in:
Field & year of study:	Expected date of graduation:
Married or single:	Ages of children if any:
E-mail:	Phone: Cell:
Current mailing address:	
Reason for request:	
<i>(Please attach a letter of intent stating your circumstances which caused your need for assistance, as well as your financial position.)</i>	
TOTAL AMOUNT OF REQUEST : (maximum allowance \$500)	Date Funds are needed by:

MONTHLY INCOME <i>(please list all sources)</i>			
1.) Work - pay cheque	\$	6.) Grants / Awards	\$
2.) Funds from parents or others	\$	7.) Scholarships	\$
3.) Spouse's Earnings	\$	8.) Canada Student Loan	\$
4.) Child Support	\$	9.) Provincial Student Loan	\$
5.) Government assistance	\$	10.) Other <i>(specify)</i>	\$
TOTAL AMOUNT OF MONTHLY INCOME:			

MONTHLY EXPENSES <i>(please list all monthly expenses)</i>			
1.) Rent / mortgage	\$	8.) Personal items	\$
2.) Utilities (heat & power)	\$	9.) Recreation	\$
3.) Food	\$	10.) Expenses for children	\$
4.) Telephone	\$	11.) Day Care	\$
5.) Vehicle expenses & gas	\$	12.) Parking or Bus pass	\$
6.) Clothing	\$	13.) Medical/Dental	\$
7.) Monthly debt payment <i>(loans, credit card etc)</i>	\$	14.) Other <i>(specify)</i>	\$
TOTAL AMOUNT OF MONTHLY EXPENSES:			

TOTAL AMOUNT OF ARREARS IF ANY:
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SEMESTER EXPENSES			
1.) Tuition	\$	4.) Other (<i>specify</i>)	\$
2.) Books	\$	5.) Other (<i>specify</i>)	\$
3.) School Supplies	\$	6.) Other (<i>specify</i>)	\$
TOTAL AMOUNT OF SEMESTER EXPENSES:			

TOTAL AMOUNT OF ARREARS IF ANY:

Have you approached other avenues for support? If so please explain in detail.

Is there a source of income you have applied for and have not yet received (ie: student loan, scholarship etc.)? If so please specify:

Total amount expecting: _____ Date expected by: _____

Please attach the following information as it will help in the decision making process:

1.) Copy of your bank statement of the past 30 days	5.) Copy of last month bills
2.) Copy of your last two pay stubs	6.) Copy of eviction notice (<i>if applicable</i>)
3.) Proof of enrollment letter (<i>from registrars office</i>)	7.) Arrear notices (<i>if applicable</i>)
4.) Letter of financial standing (<i>from the Cash office</i>)	8.) Proof that other possible funding sources have been exhausted

I acknowledge this information is true and accurate:

 Name of Applicant (please print)

 Signature of Applicant

 Date

Please submit this form to the Students' Union office
 Room SU180, 4401 University Drive
 ph: 329-2222, fax: 329-2224

For more information you may contact the ULSU's VP Operations & Finance at 329-2292
 or e-mail su.finance@uleth.ca.