



Emergency Bursary Application for BC Residents

The Province of British Columbia has made available emergency funding for both full-time and part-time domestic students that are BC residents. This is non-repayable funding and eligibility will depend on each applicant's unique situation. *Please note that international and out of province students will not qualify for funding from this resource.*

Last Name: _____ First Name: _____

Student Number: _____ Program and Year: _____

Emily Carr Email Address: _____ SIN: _____

Where are you currently living?

- | | |
|---|--|
| <input type="checkbox"/> with parents | <input type="checkbox"/> rented accommodations |
| <input type="checkbox"/> self-owned residence | <input type="checkbox"/> renting from parents |

1. In what province did you reside for the last 12 consecutive months **without** being a full-time student? _____

2. Did you apply for government student assistance (i.e. StudentAid BC) for the current semester and the last semester?

Last Semester ☐ Yes ☐ No

Current Semester ☐ Yes ☐ No

Amount Received _____ Amount Received _____

If you did not apply for student aid funding please explain why:

3. Students must be registered and attending in order to qualify. How many credits are you currently registered in? _____

4. Please explain the nature of your financial emergency:

5. What are you seeking emergency assistance for? Please be specific (i.e. groceries, rent, supplies, medical costs).

6. Are you married/common law/partnered?

☐ Yes ☐ No If no, proceed to question 8.

Spouse's Information:

| | |
|-------------------------------------|--|
| <input type="checkbox"/> Employed | Net Salary per month: \$ _____ |
| <input type="checkbox"/> Student | Current Semester Tuition: \$ _____ Books & Supplies: \$ _____ |
| | Received student loan: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ |
| <input type="checkbox"/> Unemployed | Source and amount of income: _____ |
| <input type="checkbox"/> Other | Explain: _____ |

7. If you are a parent, please list the first name & age for each of your dependent children:

| <u>First Name</u> | <u>Age</u> | <u>In your custody?</u> | |
|-------------------|------------|------------------------------|-----------------------------|
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. Are you currently registered with Emily Carr for direct deposit? ☐ Yes ☐ No

IMPORTANT: You must be registered for direct deposit to receive this funding. If you are not already registered, please complete the application available on our website at:

<https://www.ecuad.ca/about/administration/financial-services/direct-deposit>

9. Budget

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

- **Do not include tuition and supplies.**
- **Married students, and students with dependents, must provide expenses for the entire family.**

MONTHLY EXPENSES

Rent (your share) \$ _____

Food \$ _____

Transportation (not U-Pass) \$ _____

Miscellaneous \$ _____

Medical / Dental \$ _____

Utilities (phone, hydro, etc.) \$ _____

Other (specify below)

_____ \$ _____

MONTHLY RESOURCES

Part-time work \$ _____

Scholarship \$ _____

Bursary \$ _____

Parent contribution \$ _____

Spouse's income \$ _____

Other (specify below)

_____ \$ _____

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 businessdays