



## Augustana Students' Association Emergency Bursary application

### Selection Criteria:

The purpose of the Emergency Bursary is to provide financial assistance for essentials such as housing, monthly bills, and food for current Augustana students who have been negatively affected by the ongoing Covid-19 pandemic.

Each application will be evaluated based on merit and financial need. It is expected that students put their full efforts into this application and answer all questions to the best of their ability with honest, complete answers.

### Application Eligibility:

To be considered for ASA funding, the applicant must meet ALL of the following conditions:

- 1) Must be enrolled as a student at the University of Alberta, Augustana Campus;
- 2) Must demonstrate financial need;
- 3) Must provide proof of financial hardship caused by the Covid-19 pandemic; and
- 4) Must have only applied once per bursary session.

#### Bursary application deadlines are:

- September 24, 2021
- January 14, 2022

### Requirements of Applicant:

- 1) All applicants must provide proof of enrollment as a current student of Augustana Faculty.
- 2) Successful applicants must be members in good standing with the ASA (have paid annual ASA membership fees).
- 3) Recipients shall receive funding once their application has been approved and when their financial report has been received.
- 4) Submit a financial report, including receipts, to the committee chairperson no later than 30 days after the spending has concluded.

*Applications must be submitted to the ASA Office, L1-010 in the Forum or to [croose@ualberta.ca](mailto:croose@ualberta.ca) no later than 5:00PM on the deadlines above. **Late arrivals will not be accepted.** Should you have any questions or concerns regarding the application please contact Cindy at 780-679-1541.*

## Augustana Students' Association Emergency Bursary

### Personal Information:

Name of applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

University of Alberta e-mail: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### Financial Information:

Please list **all** sources of monthly income (eg. Student loans, parental contributions, employment) and dollar amounts:

---

---

---

---

Please list **all** monthly expenses with dollar amounts:

---

---

---

---

---

---

---

---

*The personal information collected on this form will be used to administer and manage ASA's programs and services, and to maintain ASA's records. This information will be protected by the provisions of the Personal Information and Protection Act and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements necessary to deliver the services that you have requested.*

