

COVID-19 Student Emergency Fund Application - Instructions

Are you experiencing financial hardships due to the Covid-19 pandemic situation?

The BC Ministry of Advanced Education, Skills and Training has provided some funds to help address short-term, unplanned and unexpected financial hardship. Students can apply for a one-time, non-repayable bursary. Fund criteria includes:

- Current semester, full and part time students
- Minimum course length 12 weeks
- BC domestic students

Registration tuition/fees do not qualify as an eligible living expenses.

To apply:

- Save the attached PDF on your laptop, desktop computer or phone
- Complete all questions and save your application. Use the following format:
Last Name, First Name – Student Number
Example: Smith, John - 123456
- E-mail finaid@cnc.bc.ca and attach your application. Use the subject line:
Emergency Fund Application
- If you don't have an electronic signature, type in your name and date in the appropriate space.

All applications will be adjudicated to determine eligibility.

Students can provide a hard copy of the application to the Student Services office next to the Admissions office, or in the drop box located in front of the Office of the Registrar, Prince George campus. Regional campuses; application can be left with the local front desk. We recommend using a sealed envelope to protect your personal information contained on the form.

Learn more about:

Canada's Covid-19 Economic Response Plan

<https://www.canada.ca/en/departement-finance/economic-response-plan.html>

BC boosts emergency funding supports for students

<https://news.gov.bc.ca/releases/2020AEST0018-000615>

Financial Aid & Awards

finaid@cnc.bc.ca

COVID-19 Emergency Assistance Application

Please answer all questions fully. Incomplete applications may not qualify for Emergency assistance.

Students who are in attendance in the CNC Fall 2020/Spring 2021 semesters will be considered for funding. All applications are adjudicated to determine eligibility. Students must be in good standing (including financial arrears) with all college departments in order to be considered eligible for funding.

The College of New Caledonia complies with the Freedom of Information and Protection of Privacy Act. The information provided will be used solely to determine eligibility for emergency funding and for no other purpose.

Full Name:	Last	Middle Initial	First
Student Number:	Date of Birth: (yyyy/mm/dd)		
Address:			
Address:	Postal Code		
Phone Number:			
E-mail Address:	Attending: Full time ____ Part Time ____ Adult Upgrading ____		
Program/semester	Trades: Foundations ____ Apprenticeship ____		
CNC campus:	PG ____ Quesnel ____ Mackenzie ____ Lakes ____ Vanderhoof ____ Fort St. James ____		

Note: Your Social Insurance Number will be requested if not already uploaded into your student record.

Canadian citizen?	Yes ____	No ____
BC resident for 12 continuous months (excluding study period)?	Yes ____	No ____
Self-identified person of Aboriginal ancestry?	Yes ____	No ____
____ First Nations ____ Metis ____ Inuit		
Student with a documented permanent disability	Yes ____	No ____
International Student?	Yes ____	No ____

Living Arrangements:

Check one:	
STUDENT living with parent(s)	
STUDENT living on own	
STUDENT w' one dependent (18 or under)	
STUDENT w' more than one dependent. How many?	

Please describe how the current Covid-19 pandemic has caused a need for financial assistance:

Are you currently working? Yes ___ No ___ Not working any longer/or reduced hours due to Covid-19 ___

Are you currently receiving: StudentAid BC or other provincial loan/semester? Fall 2020 ___ Spring 2021 ___

Average MONTHLY EXPENSES

Average MONTHLY INCOME: for Spring 2020 semester

TYPE	AMOUNT		TYPE	AMOUNT
Housing– Rent/Mortgage			Employment/Income	
Utilities - phone, hydro, cable			BC Benefits: EI – Workers Comp/Inc. Assistance	
Food			Sponsorship/WorkBC	
Debt Payment			Spouse’s Income	
Transportation (car, insurance, gas)			Money from parent(s)/family	
Medical/Dental			OTHER (describe)	
Daycare/babysitting				
OTHER: (describe)				
TOTAL			TOTAL	

Students receiving accumulative taxable benefits from CNC in the amount of \$500 or more in a calendar year, will be issued a T4A for income tax purposes.

I certify that the information submitted is true and correct to the best of my knowledge. I understand any misrepresentation of this information may result in me having to pay back any funds I receive.

Student’s Signature: _____ Dated: _____