

COVID-19 Emergency Assistance Application

All questions must be answered fully. Incomplete applications may not qualify for emergency assistance.

The information provided will be used solely to determine eligibility for COVID -19 hardship funding and for no other purpose. The College of New Caledonia Students' Union complies with the Freedom of Information and Protection of Privacy Act

Full Name:			
First Name:		Last Name:	
Student Number:		Date of Birth (yyyy/mm/dd):	
Address:			
	Postal Code:		
Phone Number:			
Email Address			
Program/Semester		Full Time: ___	Part-Time: ___

Campus	Prince George ___	Quesnel ___	Mackenzie ___
	Lakes ___	Vanderhoof ___	Fort St. James ___

Are you Canadian Citizen? Yes ___ No ___

Are you an International Student? Yes ___ No ___

Have you been a BC resident for 12 continuous months? Yes ___ No ___

Do you self identify as person of Indigenous ancestry? Yes ___ No ___

Describe how Covid-19 has caused a need for assistance:

Living Arrangements:

Check one:	Write 'Yes' in front of the one which matches you
STUDENT living with parent(s)	
STUDENT living on own	
STUDENT w' one dependent (18 or under) in Canada	
STUDENT w' more than one dependent in Canada. How many?	

Are you currently working?

Yes ____ No ____

If yes, are your working hours reduced?

Yes ____ No ____

Monthly Expenses (all sources)

Rent	
Transportation	
Food	
Utilities	
Other	
Total	

Monthly Incomes (all sources)

Wages/Salary	
Spouse's Income	
Family support	
Other	
Total	

I certify that all information and attachments contained with this application are complete and accurate.

Students receiving \$500 or more in total assistance in a calendar year may be issued a T4A slip for income tax purposes.

Student's Signature:

Dated:

OFFICE USE ONLY:

REASONS FOR REQUEST:

- ___ Family situations/community obligation
- ___ Housing/relocation/Rent obligations
- ___ Living expenses (utilities, groceries, child care, clothing etc.)
- ___ Medical/Dental/Optical
- ___ Transportation & vehicle repairs
- ___ Unexpected expenses due to delays in social assistance/sponsorship/spousal support funding
- ___ others – details – see student’s request

Notes: _____

Approved: *Rationale*

Declined: *Rationale*

Referred to ARC for Aboriginal Emergency Funding

Referred to CNC Financial Aid

Authorized by: _____ **Amount:** _____

Signature: _____ **Date:** _____