



# OCAD U EMERGENCY BURSARY PROGRAM

## 2020-2021

### EMERGENCY BURSARY PURPOSE

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Emergency bursaries are intended to provide short-term assistance to students experiencing financial difficulties beyond their control. Students are expected to have accessed their provincial student loan/grant program first before seeking assistance through this program. These bursaries are not meant to assist students on an ongoing basis. These are one-time emergency solutions.

### ELIGIBILITY

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- Be studying on a full-time or part-time basis
- Have accessed Provincial student loan/grant programs
- Have encountered an unexpected financial emergency
- Demonstrate financial need

### EXAMPLES OF APPLICABLE EXPENSES

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- Temporary housing for displaced students
- Unexpected personal medical and/or dental expenses
- Unexpected loss of personal income
- Loss or repair of computer/laptop essential for academic purposes
- One-time exceptional expenses related to the pandemic

### INAPPLICABLE EXPENSES

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- Tuition and compulsory fees
- Extracurricular fees
- Support for family and partners
- Research and exhibition costs

### CHECKLIST (Documents to be submitted)

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- Explanation of Emergency Request
- Budget Worksheet
- Supporting documentation (ie receipts, quotes, rental agreements, etc...)

### DEADLINE

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This bursary is available year-round to full-time, enrolled students.

Applications must be submitted to the Financial Aid & Awards Office at [FinancialA@ocadu.ca](mailto:FinancialA@ocadu.ca).

Applications are reviewed on a weekly basis. Incomplete applications will not be considered.

Students will be notified through their OCAD U email.



# OCAD U EMERGENCY BURSARY PROGRAM 2020-2021

FIRST NAME	LAST NAME	STUDENT #
PHONE NUMBER	EMAIL	

## EXPLANATION OF EMERGENCY REQUEST

Please provide an explanation of your situation and how this bursary will assist you.

**PROTECTION OF PRIVACY STATEMENT:** At OCAD U, we recognize and respect the importance of your privacy. Personal information is collected, used, disclosed and kept confidential in accordance with the Freedom of Information and Protection of Privacy Act. The Financial Aid & Awards Office will use the information collected on this form to process your application and decide on your eligibility for OCAD U's Bursary Program. Once a bursary has been granted, OCAD U may disclose certain information to the donor of the award with your consent. Questions about the collection and disclosure of this information can be directed to the Financial Aid & Awards office.

**CONSENT:** The information I have provided on this application is complete and accurate and I will notify the Financial Aid & Awards office in writing of any changes to my academic, financial, family or study period status. All information provided in connection with this application is subject to verification and audit by OCAD U and the Ministry of Colleges and Universities (MCU). I understand OCAD U may disclose information on this form to MCU to verify and/or update information about this application. Any funds I receive will be applied to my student account at OCAD U. Should I be selected to receive a bursary, I consent to the disclosure of my name, program and year level to the donor, if applicable.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# OCAD U EMERGENCY BURSARY PROGRAM 2020-2021

FIRST NAME	LAST NAME	STUDENT #

**# OF MONTHS:**

*One instance: Use number 1*

*if you are attending for one semester use 4 months*

*if you are attending for two semesters: use 8 months*

INCOME	MONTHLY INCOME (\$)	# OF MONTHS	TOTAL
Government Income (ie. ODSP, OW, CERB)			
Student Loans/Grants (ie. OSAP)			
Parental/Child Support			
Scholarships/Awards/Bursaries			
Savings (ie. Bank balance)			
Investments (ie. GICs, TFSA)			
Other Income			
<b>TOTAL (A)</b>			

EXPENSES	MONTHLY EXPENSE (\$)	# OF MONTHS (if applicable)	TOTAL
Tuition			
Books/Supplies			
Rent			
Groceries			
Utilities (ie. Hydro)			
Transportation (ie. TTC/GO)			
Internet/Cellphone			
Personal Care/Laundry			
Technology (ie. laptop repair)			
Medical Expenses			
Other Expenses:			
<b>TOTAL (B)</b>			\$

EXPENSES (B)	INCOME (A)	TOTAL (C)
\$	\$	(B-A=C) \$

**Supporting Documentation: Please provide any supporting documentation that is relevant to your situation.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY		
Decision: Approved / Denied	Date:	FAA Initial:
AWD Code:	Amount: \$	Notes: