

CONFIDENTIAL

Office use only
Application Date: _____

Meeting Date: _____

(SUSA) Supplementary Undergraduate Student Assistance Trust Fund

SUSA application requirements:

- Available on a one-time basis for emergencies only
- Non-repayable
- The student must be in full-time attendance
- The student must be academically successful (GPA of 2.0 or better)
- Not to be used for tuition, books, or while other student funding is pending (ie. Student loans, sponsorship, scholarships, bursaries)
- Not to be used as a financing bridge until funding comes in, or due to lack of financial planning
- Maximum amount granted is \$800.00
- Apply at the Student Services, Main Office, Rm. 105

Name _____ Student # _____

Address _____ Faculty _____

SIN # _____ Cr. Hrs this term _____

Phone _____ Email _____

Application Requirements:

1. Please indicate the number of persons living in your home, their relationship to you and their ages.
2. Please explain why you need assistance at this time (that is, what circumstances have resulted in your financial emergency).
3. Please indicate the amount of assistance you are requesting and the specific expenses for which the assistance will be used.

4. Do you have a bank debit card: YES _____ NO _____

5. Please list your financial resources for the current term:

a. Total amount of:

Student Aid _____
B.U. Scholarships or Bursaries _____
Summer Savings _____

b. Amount received monthly from:

Part-time work _____
Parental contribution _____
Partner's Income _____
Sponsor or other agency _____

c. Other sources of income _____
(eg: tax refund, child tax credit)

6. Please identify your expenses for the current term:

	Amount Paid to Date	Amount Currently Owing
Tuition and fees	_____	_____
Books and supplies	_____	_____
Residence charges	_____	_____
Rent (monthly)	_____	_____
Utilities (please specify)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Childcare expenses (monthly)	_____	
Transportation costs (monthly)	_____	
Other (please specify)	_____	

7. If you own a car, please indicate model and year _____

8. Have you applied for a J.R.C. Evans loan through the Alumni Office? **Yes** _____ **No** _____

9. Should it be necessary for the Dean of Students to verify information with any agencies or individuals named in this application, I hereby grant permission to Student Services to do so. I understand that all information will be kept strictly confidential within the Trust Fund Committee.

Date _____ Signature _____

The university collects the personal information on this form pursuant to the Brandon University Act and The Freedom of Information and Protection of Privacy Act. The information you provide on this form is used for purposes of determining your eligibility for assistance. If you have questions about the collection, contact Student Services at 727-9739 or Studentservices@brandonu.ca.