



DEADLINE: every 1st of the Month

PSAC Local 610
Western University
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Financial Assistance Application

Please read the instructions carefully. Incomplete applications will not be considered.

Mission Statement: The Financial Assistance Fund exists to assist the financial needs of members when all other avenues have been exhausted, with the following categories: medical emergencies, personal emergencies and academic/conference travel.

Eligibility: To apply you must have held a teaching assistantship for at least one term in an academic year (for TAs on leave, exceptions may be granted). Postdocs are not subject to this requirement and may apply directly to the fund as long as they are PSAC 610 members. Applicants must be members of the local at the time of the expense. Please submit one application form per deadline per member. You may apply for all applicable categories on one form.

Members experiencing medical emergencies must have already applied for reimbursement from their SOGS (or alternative) health and dental plan, and PSAC 610's Extended Health Plan. Members who are experiencing unexpected financial need or an emergency that diverts income from their food budget should consider applying for PSAC 610's Food Support & Resources Fund. Please review the application criteria for all of our benefit programs at psac610.ca/benefits.

Application Review: Applications are considered throughout the year. Please allow time for a response from the committee. The committee aims to respond to all applications within one month. Applicants will be notified of decisions by email, and if your application has been successful, you can pick up your cheque at the Local's office. Support for personal and medical emergencies can only be received once per term up to a cumulative amount of \$500. Support for academic expenses can only be received up to a cumulative amount of \$300 in an academic year. The terms divide into Summer (June-August), Fall (September-December) and Winter (January-April). An academic year runs September - August. Application adjudication periods divide occurring to the months in the calendar (1st-31st). Should the expense claimed exceed the allotted \$500 within a single term, the applicant may apply in the next term for the remainder of the same expense. However, new and previously unfunded claims take precedence.

Confidentiality: Each application is assigned an identification number and reviewed by the Financial Assistance committee without any personal information.

Instructions: Please be specific about the need for which you are applying. **General living expenses will not be considered** (e.g. tuition, rent/mortgage, car expenses, food). Any information which you can provide will greatly help the committee in making a decision about your claim. Please provide receipts for the expenses already spent by the applicant. **We only accept applications with receipts.**

Contact Information:

Name: UWO email:

Department: Student ID:

Program: Program Starting Date:

Address:

Street number and name: Apt#:

City: Province/State: Postal Code:

I hereby certify that the information provided in this application is complete and accurate.

Signature: Date:

For Office Use Only

ID: Date Received: Initials:

Claim Categories

Applications must be filled out in full to receive consideration. The Financial Aid Committee will verify the receipts appended to the application. Only documented expenses for which receipts are included shall be considered. While the committee has the authority to fund or deny any application, the following criteria express the committee's preferences.

Unlikely to be funded: Petcare expenses / Passport fees, Visa applications or permanent residency fees / Vehicle expenses / UHIP expenses / Textbook purchases, tuition fees / Technology purchases, unless these can be explicitly justified / Conference fees or membership fees / Any other expenses that does not qualify as "unexpected need".

Exceptions in the above cases, while extremely unlikely, are possible, at the Financial Aid Committee's discretion based upon the applicant's justification. Applicants who have exceeded their maximum disbursement (\$500) in a single term cannot apply again in the same term. The following types of expenses can be funded, with appropriate justification.

1) Medical Emergencies (maximum \$500 per term)

This category covers all the **unexpected medical expenses**. You may also claim for a dependent, such as a child, spouse or parent. These include emergency medical or dental bills, including bills incurred outside Canada.

Please ensure you have applied for and exhausted your eligible SOGS health plan and PSAC 610 EHP benefits. If the expense was not covered by SOGS, then put "0" in the "covered by SOGS" column. However, you need to explain and provide document proof why it was not covered by SOGS. If your receipt is covered by SOGS and you have not yet applied for reimbursement then you must first apply to SOGS.

This category covers any expenses related to the care of a dependent (children, spouse, common-law-partner) including medical expenses and day care costs. If dependent is not a child, spouse, or common-law-partner, please provide sufficient proof such as a tax return where he/she is declared as a dependent.

Example type of expenses: Vision care, Prescribed Medication, Dental, Physiotherapist, Psychologist, Psychotherapist, Naturopath, Osteopath, Chiropractor, Occupational Therapist, Podiatrist, Chiropracist, Acupuncturist etc.

2) Personal Emergencies (maximum \$500 per term)

This category covers all unexpected expenses other than regular household costs. To apply in this category, the applicant must provide substantial documents to support their claim. The application will be reviewed by the committee on the basis of what is submitted. Please ensure you include receipts and a rationale for the emergency.

Examples of eligible funding include but are not limited to: bereavement travel expenses, financial difficulties related to separating from a spouse or partner and the loss of property due to an unforeseen catastrophe (house fire, flood, etc.) Know that the Financial Aid Committee values your privacy. Any personal information shared with the committee is kept confidential.

3) Academic/Conference Travel (maximum \$300 per academic year)

This category covers **expenses** related to academic work and/or conferences for applicants who are not fully funded for the costs by another source. Please provide supporting documents, such as a letter from supervisor/department or proof of funding of that was sought but not approved. The applicant must also provide documentation of their conference registration, travel and lodging expenses, and proof of participation as a presenter such as an itinerary of conference. We strongly encourage you to also apply for the SOGS Travel Subsidy.

4) Child Care Subsidy (maximum \$500 per academic year)

This category covers expenses related to child care costs. Please enclose the appropriate documentation and receipts with your application. Only receipts from licensed childcare providers and programs will be considered for the subsidy. For a list of licensed child care providers, go to <http://www.iaccess.gov.on.ca/LCCWeb/childcare/search.xhtml>. Members are also encouraged to apply to SOGS Child Care Subsidy.

For Office Use OnlyID: Date Received: Initials:

Please outline your (and your household's) annual income sources and the approximate amounts. Income sources include fellowships, assistantships, grants, bursaries, and work outside of the university. Income from other investments should also be included. **Report your income and expenses for the current academic year (September- August).**

You must fill out all the information. If any of the criteria is not applicable to you then please put "0 (zero)". No further opportunity will be given to update your application once the reviewing process has started. If you have any questions about filling out the application, please contact the office.

Section 1) Applicant InformationAre you an international student? Yes NoAre you a post-doctoral associate? Yes No

Income Source	Fall Term	Winter Term	Summer Term	TOTAL/YEAR
Teaching Assistantship				
Research Assistantship				
University or Department Funding (WGRS, WES)				
Scholarships (NSERC, SSHRC, OGS, OGSST, IGSS, etc.) Please specify which: <input type="text"/>				
Other Income (e.g. off- campus employment) Please specify which: <input type="text"/>				

1. Subtotal: **Section 2) Household Information**Do you have Spouse/Common-Law-Partner? Yes NoImmigration Status: International PR/Canadian

If yes please fill out the following information:

Income Source	Fall Term	Winter Term	Summer Term	TOTAL/YEAR
Spouse / Common-Law-Partner Income				

If any of the above does not apply to you please put "0" in the corresponding section.

2. Subtotal: Are your dependents (spouse/common-law-partner or children) enrolled in SOGS Health Plan? Yes NoDo your dependents have external health care plans other than OHIP/UHIP? Yes No**If you have answered "yes" to the above, and you are applying for a medical expense, please attach the insurance statements.**

Section 3) Dependent Information

Do you have children? Yes No

How many children do you have?

If yes please fill out the following information for all your children, if no please skip to section 4:

Income Source	Fall Term	Winter Term	Summer Term	TOTAL/YEAR
Canada Child Tax Benefit (CCTB)				
Universal Child Care Benefit (UCCB)				
Daycare Subsidy				

If any of the above does not apply to you please put "0" in the corresponding section.

3. Subtotal:

Section 4) SOGS Funding

Please indicate below the financial programs and scholarships which you have **already applied for** to meet your need. If you have not done so already please consider applying for these bursaries if they are applicable.

Society of Graduate Studies:

Income Source	Fall Term	Winter Term	Summer Term	TOTAL/YEAR
Child Care Subsidy				
Emergency Loans				
Travel Subsidy				
Ontario Student Opportunity Trust Fund				
SOGS Bursary (Grad Club Bursary/Out of Province Bursary/125th Anniversary Scholarship)				

4. Subtotal:

Section 5) PSAC 610 Funding

Income Source	Fall Term	Winter Term	Summer Term	TOTAL/YEAR
Extended Health Plan				
Financial Assistance Fund (Medical / Personal / Academic/Conference / Child Care)				
Scholarship				
Food Support & Resources Fund				

5. Subtotal:

GRAND INCOME TOTAL from all of your income sources: (Subtotal of section 1-5)

Please report your approximate expenses for the current academic year (September-August).

You must fill out all the information. If any of the criteria is not applicable to you then please put "0 (zero)". No further opportunity will be given to update your application once the reviewing process has started. If you have any question about filling out the application, please contact our office.

	TOTAL/YEAR
Expenses	
Rent/Mortgages and Household Utilities	
Groceries and food related expenses	
Transportation	
Child Care Expenses	
Tuition fees (including UHIP, SOGS Health Plan and other ancillary fees) and Books and School Material	
Other expenses including loans, etc.	

GRAND TOTAL from all of your expenses:

Please select your Financial Assistant Fund category (select all that apply) and complete the appropriate section accordingly:

Medical Emergency

Personal Emergency

Academic/Conference

Child Care Subsidy

Total Amount Claiming

Please describe, in detail, the nature of the need for which you are seeking support. Normally, general living expenses (rent, telephone, internet, etc.) will not be considered. If your expenses exceed your income by a substantial amount, please provide explanation about how you cover those extra expenses. Attach an additional page if necessary. **You may attach additional pages. Please do not write your name.**

