



Emergency Bursary Fund Conditions

- As students, for the most part, we all have financial hardship but these bursaries are reserved for those who are in need of immediate financial assistance due to unforeseen and/or unfortunate circumstances. A three member committee comprised of CBUSU staff (Student Executive/Full Time) will assess your circumstances and decide as to whether or not you are eligible for this assistance.
- Eligibility for receiving an emergency bursary is determined on an individual basis and will be assessed based on: personal/family income, available personal resources, single parent status etc.
- The CBU Students' Union reserves the right to ask applicants for personal information regarding financial circumstances.
- Bursaries are accredited to the maximum amount of \$200.00 and students are restricted to one bursary per academic term.
- Students may be asked to meet with the Student's Union Emergency Bursary Committee.
- To receive a bursary a student must:
 - Fill out the enclosed form.
 - Provide a government (if possible) and student identification card.
**The Identification cards will be photocopied and kept on file with the emergency bursary application.

PLEASE NOTE: PURCHASE OF BOOKS AND/OR PAYMENT OF COURSE FEES IS NOT CONSIDERED AN "EMERGENCY" FOR THE PURPOSES OF THIS BURSARY.

The Emergency Bursary Committee will immediately assess the applicant's situation and must approve the request by a 2/3's majority.

I hereby declare that I acknowledge and understand these conditions, and I am an eligible candidate for the CBU Students' Union Emergency Bursary Fund.

Signature: _____

Date: _____

**Cape Breton University
Students' Union
Emergency Bursary Application**

Contact Information

Family Name: _____ Given Names: _____

Student Number: _____

Program: _____ Year of Study: _____

Current number of Credits enrolled this Semester: _____

Local Address: _____ Postal Code: _____

Permanent Address (If different from above): _____

Postal Code: _____

Local Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Situational Analysis

Are you currently in receipt of a Student Loan/Grant/Line of Credit? (If so, specify source and amount)

_____ Amount: \$ _____

What is your current housing status?

Residence: _____ With Family: _____ Off Campus (Alone): _____

Off Campus (With Roommates/Spouse): _____ Other: _____

If "Other" (Specify) _____

Have you received any Bursaries/Scholarships in the Current Academic Year? If so please specify source and amount?

Are you currently employed on or off Campus? YES _____ NO _____

If YES, please specify name of employer and hours worked:

Place of employment: _____

Contact Phone: _____ # hrs per week: _____ Hrly. Rate: \$ _____

What is the proposed use of the funding if granted an emergency bursary?

6. Describe the circumstances that warrant your situation as an emergency. (More writing space available on back of the page)

Financial resources on an emergency basis are an important part of the Students' Union mandate and it is, therefore, important that students know this service is available. To assist us in finding the most effective method of communicating this service could you specify how you were informed about the emergency bursary fund?

Estimated Expenses

Estimated Revenue

Tuition Fees (semester): \$ _____

Student Loan: \$ _____

Books & Supplies (semester): \$ _____

Bank Loan: \$ _____

Rent (per month): \$ _____

Scholarship/Bursary: \$ _____

Food (per month): \$ _____

Savings: \$ _____

Utilities (monthly): \$ _____

Employment (monthly): \$ _____

Credit Card (monthly): \$ _____

Family Contribution: \$ _____

Transportation (monthly): \$ _____

EI Benefits (monthly): \$ _____

Other Necessary Expenses: _____

CP Benefits (monthly): \$ _____

_____ \$ _____

Child Tax Cr. (monthly): \$ _____

_____ \$ _____

GST Rebates (quarterly): \$ _____

Other Income: \$ _____

Please Specify: _____

Total Expenses: \$ _____

Total Revenue: \$ _____

I hereby declare that I acknowledge and understand the terms of this bursary. The information I have provided accurately reflects my situation to the best of my knowledge and this information will be held in complete confidence within the Students' Union. I understand that CBU Students' Union reserves the right to request repayment for any funds disbursed under this policy and/or pursue legal action in the recovery of such funds if the CBU Students' Union is of the opinion that I have provided false or misleading information in this application.

Signature: _____

Date: _____

For Office Use Only:

Reviewed By:

Comments:

1. _____

2. _____

3. _____

Approved? Yes No

Amount: \$ _____

Review Date: _____