



## Emergency Dining Plan Bursary Fund Terms of Reference

Housing Services recognizes that proper nutrition is an important component of student success. The Emergency Dining Plan Fund is intended to support current resident students who have insufficient resources and /or low or diminished Dining Plan balance. This fund is not intended to address chronic resource shortages, but to serve as a onetime measure of assistance for those students who may encounter unforeseen circumstances that result in a food shortage during their studies at the University of Lethbridge.

Applicants will submit a completed application to Housing Services in order to initiate the review process. Eligible Applicants will then be assessed for financial distress and/or food insecurity. If awarded an Emergency Dining Plan Bursary the recipient will have the determined amount credited to their Residence Dining Plan account balance or added as a food credit.

### Eligibility for the Emergency Dining Plan Fund

- Be enrolled full time (9.0 credit hours) in the current semester in an academic program
- Be a current Resident of On-Campus Housing at the University of Lethbridge
- Be in good financial standing with the University of Lethbridge (no fees owing on your UofL account, including Housing fees)
- Be able to demonstrate financial hardship

### General Information:

- The Emergency Dining Plan fund is designed to aid students who experience food insecurity due to unforeseen circumstances.
- Only one emergency allotment per semester is allowed, normally not to exceed \$250.00.
- Once this application is filled out, you will be contacted by a Housing Services representative to book an appointment. You will be informed of the necessary documentation that will be required for your appointment. Depending on the situation, you could be required to bring copies of bank statements, bills, any other applicable notices. Please note, if the requested documentation is not presented during the appointment, your application for financial assistance will not be processed.

# University of Lethbridge Emergency Dining Plan Bursary Fund Application

Please read & sign the following declaration and complete the application below.

**DECLARATION** (please read before signing – unsigned applications will not be considered)

**I declare that** the information given on this application is complete and true in all respects. I understand that all the information provided is subject to verification.

**I understand that** I may be denied financial assistance if:

- ⊕ I am not currently a University of Lethbridge student
- ⊕ I am not currently a Resident of On-Campus Housing
- ⊕ I make a false or misleading statement in this application
- ⊕ I do not comply with a request from the Housing Services office to provide information or documents to verify information in this application
- ⊕ I have already been awarded an Emergency Dining Plan Bursary this semester
- ⊕ The Emergency Dining Plan Fund has an insufficient balance to support additional bursaries during the current semester.

**I hereby agree** that all information provided by me to Housing Services at the University of Lethbridge is true and accurate. Furthermore I agree that if provided financial support I will use it wisely in an effort to mitigate the risk of a recurring emergency situation.

**NAME** \_\_\_\_\_

**ID#** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The personal information will be used for the purposes of assessing eligibility and the distribution of emergency bursaries. The University of Lethbridge may directly contact Revenue Canada, other federal departments, provincial or municipal departments, employers, financial and education institutions without your consent, when necessary, to determine and verify your eligibility for the Emergency Bursary. All information collected by the Housing Services Office at the University of Lethbridge is protected by the FOIP Act. If you have any questions about the collection, use, or disclosure of your personal information, contact Housing Services at 403-329-2584.*



# University of Lethbridge Emergency Dining Plan Bursary Fund Application

Student I.D. #: \_\_\_\_\_ Name: \_\_\_\_\_

Residence Room #: \_\_\_\_\_

Room Telephone #: \_\_\_\_\_ Mobile Telephone#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of children & ages: \_\_\_\_\_

Program of Studies: \_\_\_\_\_

# of courses completed to date: \_\_\_\_\_ # of courses currently registered: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Please explain the details of your emergency that has caused you to request this funding:

---

---

---

How much are you requesting to cover your food costs? (Maximum \$250): \_\_\_\_\_

Have you considered alternative sources of funding, i.e. student loans, employment, bank line of credit, family assistance, scholarships. If so, what sources and how much are you expecting/receiving?

---

---

Have you previously had an Emergency Dining Plan Fund Bursary?  Yes  No

Do you currently have outstanding fees at the UofL cash office?  Yes  No

If this application is refused, how do you plan to resolve your financial need and/or food insecurity? \_\_\_\_\_

---

---

---

PLEASE COMPLETE OTHER SIDE →

List your actual monthly expenses and income for the period you are attending school. If married or common-law, the budget should be for the whole family. ALL INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL.

**Monthly Income**

**Monthly Expenses**

Part - Time Work \_\_\_\_\_  
 Funds from parents, others \_\_\_\_\_  
 Spousal Earnings \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Scholarships/Bursaries \_\_\_\_\_  
 Student Loan/Grant \_\_\_\_\_  
 Sponsorship \_\_\_\_\_  
 Living Allowance \_\_\_\_\_  
 Other (specify, i.e. Child tax) \_\_\_\_\_  
 \_\_\_\_\_

Housing \_\_\_\_\_  
 Food \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Personal Items \_\_\_\_\_  
 Recreation \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Other (specify, i.e. Medical) \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL GROSS MONTHLY INCOME:**

**TOTAL MONTHLY EXPENSES:** \_\_\_\_\_

\_\_\_\_\_

MONTHLY INCOME **minus** MONTHLY EXPENSES: \_\_\_\_\_

Tuition and Fees \_\_\_\_\_  
 Books and supplies \_\_\_\_\_  
 Government Student Funding \_\_\_\_\_  
 (loans and grants total for period of study)

Sponsored: Yes  No   
 Sponsored: Yes  No

**For Office Use Only**

Year of Pgm: \_\_\_\_\_ Program: \_\_\_\_\_ Fees at Cash Office: \_\_\_\_\_  
 Current Courses: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Loan or Bursary and Amount: \_\_\_\_\_ Repayment Date (if applicable): \_\_\_\_\_  
 Processed by (Housing Employee): \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  or Denied:   
 Housing Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_