

**PLEASE COMPLETE THIS LOAN FORM AND SEE THE  
AWARDS OFFICER, FACULTY OF GRADUATE STUDIES,  
500 UNIVERSITY CENTRE**



**U N I V E R S I T Y  
O F M A N I T O B A**

**NB:** This emergency fund is to assist **FULL TIME GRADUATE STUDENTS** with immediate educational & living costs. It is not applicable to Tuition Fees. The maximum amount available for a loan is \$1,000.00

On-line forms are available at [http://www.umanitoba.ca/faculties/graduate\\_studies/Announcements/loan.pdf](http://www.umanitoba.ca/faculties/graduate_studies/Announcements/loan.pdf)

**APPLICATIONS FOR EMERGENCY LOAN ASSISTANCE – acct. # 921-3150**

Student Number	Social Insurance Number _____ - _____ - _____
Full Name	
Address (Street #, Street Name, City, Province)	
Postal Code	Phone No.
E-mail address:	Province of Permanent Residence:
Next of Kin/Relationship	
Department/Program/Year	Session
Student Status:    full time                    part time                    occasional                    Yr. in program	
Advisor's Name	Phone No.
Advisor's Address	
Reference Name (person who has known you for at least 5 years)	Phone No.
Reference Address	
<p><b>I hereby apply for financial assistance from the emergency loan funds administered by the Faculty of Graduate Studies. I declare that all information given on this application is complete and true in every respect, that I shall be a student for the academic period and that financial assistance is essential to enable me to continue my education. Furthermore, I declare that I will use any assistance granted only for payment of educational and living costs directly related to my course of study. I hereby consent to full access to my student records. I will notify the Awards Officer, Faculty of Graduate Studies of any change in my academic status or in my financial status (or in that of my spouse or dependants) during the academic period covered by this application.</b></p>	
Signature of Applicant	Date
<p><b>OFFICE USE ONLY</b></p> <p>Amount of Loan Approved \$ _____</p>	
Authorized Signature	Date:
<p><b>PLEASE ALLOW TWO DAYS FOR PROCESSING APPROVED APPLICATIONS</b>  <b>Cheques will be available for pick up at the Financial Aid &amp; Awards Office, 422 University Centre</b></p>	

**PLEASE PROVIDE A BRIEF STATEMENT EXPLAINING YOUR EMERGENCY FINANCIAL NEEDS:**

How much assistance do you need?

Why do you need this assistance?

How do you plan to repay these funds?

When do you plan to repay these funds?

Have you applied for a Canada Student Loan?	Yes	No
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Will you be receiving funding from the Canada Student Loan?	Yes	No
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(If yes, please attach a copy of your "Notice of Assistance")

(If no, please complete the **CASH FLOW STATEMENT on page 4**)

### CASH FLOW STATEMENT

Please complete this cash flow statement accurately and completely. All information on this form will remain confidential to the Faculty of Graduate Studies and Financial Aid & Awards Office.

<b>FINANCIAL RESOURCES:</b>	
Please provide income information <u>where applicable</u> for a <b>one-month period</b> . You may have to estimate some of the figures such as employment income and income tax.	
<b><u>RESOURCES ON HAND</u></b>	
	<b>Applicant</b>
	<b>Spouse (if applicable)</b>
1. Savings at start of September	_____
2. Funds from parents, others	_____
<b>Total Resources on hand</b>	_____
<b><u>ANTICIPATED RESOURCES</u></b>	
1. Total Student Loan	_____
2. Other awards (scholarships, bursaries, assistantships)	_____
3. Child Tax Benefit (if applicable)	_____
4. Employment Income	_____
<b>Total anticipated resources</b>	_____
<b>EXPENSES FOR ONE MONTH:</b>	
Please provide expense information that applies to you for a one-month period. You may need to estimate variable expenses such as groceries, laundry, clothing, entertainment, etc.	
1. Tuition _____	6. Local Transportation _____
2. Books/Supplies _____	7. Clothing _____
3. Housing & Utilities _____	8. Laundry & Toiletries _____
4. Food _____	9. Recreation _____
5. Credit Card (s) _____	10. Uninsured Med/Dent. _____
Other _____	
Please explain:	
<b>Total expenses</b> _____	

**UM GRADUATE STUDENT LOAN FUND - #921-3150-00-000**

**FACULTY OF GRADUATE STUDIES**

**PROMISSORY NOTE**

I hereby acknowledge the receipt of a loan of \$\_\_\_\_\_ from the emergency funds administered by the Faculty of Graduate Studies, University of Manitoba.

I understand I am to meet with the Awards Officer, Faculty of Graduate Studies, 500 University Centre, prior to \_\_\_\_\_. At that time my financial situation and my repayment obligations will be reviewed.

I understand that this loan is payable to the "University of Manitoba" through the Faculty of Graduate Studies, Attention: Awards Officer.

I understand that if payment is not made in full by the promised date, or if further acceptable arrangements are not made with the Awards Officer, Faculty of Graduate Studies, a "hold" will be placed on my file and, six months from that date, my outstanding loan may be turned over to a collection agency for recovery. (A "hold" placed on a student's file by any University department has the effect of cutting all services from the University; no mark statements or academic transcripts are issued, no further registrations are accepted, no library services are approved). I further understand that the use of this loan for any purpose other than those specified in this application without the written permission of the Awards Officer, Faculty of Graduate Studies, will constitute a violation of this agreement, making the loan immediately due and making me ineligible for other support or assistance from the University until the loan is repaid.

**APPLICANT:**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AWARDS OFFICER (OR DESIGNATE)**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Cheques will be available for pickup at Financial Aid & Awards Office, EVERY WEDNESDAY AND FRIDAY P.M., 422 University Centre – 474-8197. Please allow 2 days for processing.**