

STUDENT SUPPORT FUND APPLICATION

The CAHE Student Support Fund will provide **emergency** financial assistance to CAHE members facing unanticipated needs related to their educational activity or their general cost of living while pursuing higher education. Amount awarded will be approved per student based on identified need by CAHE Director. Please note that due to processing it may take several days for approved funds to be released by the university

REQUIRED INFORMATION

Please indicate if you would prefer:			🗌 Cheque delivered via regular mail					
				Pick up campus	cheque @	Fort Ga	ırry	
Applicant Name	e:							
Address;				City/7 Provir Posta				
Home Phone: Alternate Phone:								
E-Mail:								
Program of Stu	udy:				Year in F	Program		
□ I hereby consent to full access of my student records (as per Section 3, Terms of Reference). PLEASE CHECK BOX if you consent.								
Student Numb	oer:				Date:			
Applicant's Signature:								
Amount Requested (from Page 2):								
	For off	fice use only: Date of previous re Amount Approved					Page 1 of 2	

REASON(S) FOR REQUEST

Please provide the following information for the funds requested. DO NOT include a monthly budget, only indicate the specific need(s) you have at this time.

Check all that apply:

 \Box Education related expenses

□ Personal/Living expenses

Outline your fund request by category; additional information may be included in the comments section provided:

Tuition/training		Comments:					
Books/equipment							
Course materials							
Rent/residence expenses							
Telephone							
Utilities (e.g. heat, electrical)							
Food							
Clothing							
Transportation							
Other (specify in comments)							
TOTAL REQUESTED:							
For office use only:							
Bursary Approved: YES NO							
Amount Approved: (Carry forward to page 1)							
If not approved indicate reason:							
Reviewer Signatures:							