## Hardship Funds Request Form

### Student

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone: ( )</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student #</td>
<td>Cell Phone: ( )</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Email</td>
<td>Work Phone: ( )</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Address

| # and Street | City | Province | Postal Code |

| Employer | |

### Financial Budget for the current Academic year

#### Financial Statement

<table>
<thead>
<tr>
<th>Assets (What do you own)</th>
<th>Value</th>
<th>Liabilities (What do you owe)</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Account</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Bank Account |       |                               |         |

#### Monthly Income

- Assistance from parents
- Spouse/Partner Net Income
- Employment
- Band Funding
- Child Tax Benefit
- Child Care benefit
- Child Support/Alimony
- Other (specify)

#### Monthly Expenses

- Rent/Mortgage
- Utilities
- Phone/Cable/Internet
- Food
- Clothing
- Transportation
- Medical/Dental
- Other (specify)

#### Yearly Income

- Monthly Income x _____ months
- Savings
- Government Student Loan
- Scholarships, Awards, Bursaries
- Other (specify)
- Other (specify)
- Other (specify)

#### Yearly Expenses

- Monthly Expenses x _____ months
- Tuition and Fees
- Books and Supplies
- Other One Time Expenses
- Other (specify)
- Other (specify)
- Other (specify)

<table>
<thead>
<tr>
<th>Shortfall: Total Income (A) - Total Expenses (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
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</tbody>
</table>
Please provide a brief description of why you require funds*

____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________

Amount Requested ___________________________ Grant ☐ Transit ☐ Loan ☐

Date which loan to be repaid ___________________________

How do you plan to repay the financial assistance?

____________________________________________________________________________________________________________________________________________________________

Questions

1. Are you currently receiving any financing from Student Loans? ☐ Yes ☐ No

2. Have you approached other sources of funding? ☐ Yes ☐ No
   (Financial Aid & Awards, International Centre for Students, Other)

3. May we verify your academic standing? ☐ Yes ☐ No

4. Please outline any other details which would be useful for our consideration:
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________

* Documentation/Proof of Hardship may be required prior to disbursement of any funds

I hereby apply for financial assistance from The University of Manitoba Students’ Union (UMSU). I declare that all information herein provided is complete and true in every respect; that I shall be a student for the academic period; and the financial assistance is essential to enable me to continue my education. Furthermore, I am aware that the use of this assistance for any purpose other than those specified in this application, without the expressed written consent of UMSU will constitute a violation of this agreement, making this financial assistance due and payable to UMSU immediately, and will cause me to be ineligible for any other assistance from UMSU until these funds have been repaid. I understand that if payment is not made in full (in the case of a loan) by the promised date or if other arrangements have not been made with UMSU, my student records, and agree to notify UMSU of any change in my academic status or my financial status during the period covered by this application.

UMSU and their representatives agree to treat any information provided to them through this application as confidential, and agree not to provide any information to any other party nor use the information for any purpose not expressly consented to above.

Applicant’s Signature ___________________________ Date ___________________________

Office Use Only

Assistance Approved ☐ Yes ☐ No Amount ___________________________

UMSU Executive ___________________________ Date ___________________________