

**Emergency Funding or As-Needed Funding**

Direct questions and the application to **Financial Aid & Awards**

Phone: 250-391-2600 ext. 4222

Email: rrufinancialaid@royalroads.ca

This application determines eligibility for a variety of loans and bursary opportunities that are available outside the normal quarterly awards cycle, generally aiming to address unforeseen emergency needs and/or assisting Indigenous students with as-needed funding or community connections.

**PERSONAL INFORMATION**

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| --- | --- |
| Student Number Click here to enter text. | Today’s Date Click here to enter a date.  |
| First Name Click here to enter text. | Last Name Click here to enter text. |
| Program Click here to enter text. | SIN\* Click here to enter text. |
| Do you have financial responsibility for dependents under 19 years old? [ ]  Yes [ ]  No  |
| Are you Indigenous (First Nations, Inuit, Métis, Status, Non-Status, Treaty)? [ ]  Yes [ ]  NoIf yes, does your traditional lands fall within Canada’s political borders? [ ]  Yes [ ]  No |

\*provide SIN only if you have not already given that information to RRU

1. **How much do you need right now?**Click here to enter text.
2. **What do you need the funding for? Please itemize these one-time expenses.**

Click here to enter text.

1. **This application for unforeseen emergency and as-needed funding are limited and is for those who have exhausted all other funding resources. Tell us what you have already done to resolve this situation.**

(If you’re applying as an Indigenous student with community connections, please skip to next section. If you’re unsure of this requirement, please connect with RRU Financial Aid & Awards department for further details.)

Click here to enter text.

1. **FINANCIAL INFORMATION**

We’re interested in your general expenses and resources for the **remaining months** of your program to ensure you have a realistic financial plan in place to successfully progress in your program.

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| **MONTHLY LIVING EXPENSES**  |
| Rent/Mortgage |       |
| Utilities |       |
| Groceries |       |
| Health and Personal Care |       |
| Transportation |       |
| Entertainment |       |
| Miscellaneous |       |
| Sum of monthly living expenses | $0.00 |
| # of months of study remaining |       |
| **Total living expenses**  | $0.00 |

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| **REMAINING FINANCAL RESOURCES**  |
| Savings |       |
| Employment (x #months of study) |       |
| Student Loan |       |
| RRSPs |       |
| Other  |       |
| **Total resources**  | $0.00 |

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| **FINANCIAL NEED CALCULATION** |
| Total expenses  | $0.00 |
| Total resources  | $0.00 |
| **Financial Need** | $0.00 |

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| **REMAINING EDUCATIONAL EXPENSES**  |
| Tuition and fees |       |
| Books and Supplies |       |
| Thesis/OCP/MRP Costs  |       |
| Residency Costs  |       |
| **Total educational expenses**  | $0.00 |

Describe “Miscellaneous” expenses or “Other” resources, or unusually high living expenses.

Click here to enter text.

**Declaration by Submission** – no signature required.By submitting this application, you declare that the information you are putting forward is true and accurate. The content will be used in confidence to determine funding eligibility and relevant administration. If funding is awarded, your name and program of enrollment may be released to the funder as part of normal annual reporting process.

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| **FOR OFFICE USE** |
| Recommended funding source | Click here to enter text. |
| Recommended amount of funding |       |
| Funding currently available to distribute in acct |       |
| Emergency funding received to date ($ and type) |       |
| Cumulative GPA in current program (for loan) | Click here to enter text. |
| SA Associate information attached? | [ ]  Yes [ ]  No, why? Click here to enter text. |

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| **APPROVED BY**  |
| Reviewer 1 (FAA manager or higher):Name Click here to enter text. | Signature | Date Click here to enter a date. |
| Reviewer 2 (manager or higher):Name Click here to enter text. | Signature | Date Click here to enter a date. |