



APPLICATION FOR ONLINE LEARNING EMERGENCY BURSARY

Financial Aid & Awards
Phone: (250) 862-5419
Toll Free: 1-800-767-5492
Fax: (250) 862-5496
Email: financialaid@okanagan.bc.ca

Okanagan College and the Okanagan College Foundation are dedicated in supporting students who demonstrate a need for financial assistance to purchase technology required for online learning (laptops and/or specialized software).

This application must be completed and signed in ink or digitally and all questions must be answered. Additional documentation such as screen shot and/or financial information verification may be required. **Incomplete applications will not be considered.**

This funding is intended to support students who do not have access to or own a laptop/computer needed for their online education. As emergency funds are limited, preference will be given to students who demonstrate that they have exhausted all other sources of financial assistance, including government student assistance.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	Student ID #	Social Insurance Number
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Separated/Divorced/Widowed			
NUMBER OF DEPENDENTS (EXCLUDING SPOUSE)		AGE RANGE OF DEPENDENTS	
Citizenship status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International			
Do you identify as an Aboriginal student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			

MAILING ADDRESS

ADDRESS	CITY OR TOWN	PROVINCE
POSTAL CODE	TELEPHONE	EMAIL ADDRESS

PROGRAM PARTICULARS

PROGRAM CURRENTLY ENROLLED IN	Term <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
Student Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Apprentice

NEED FOR FUNDING

Describe your technology needs to support your online learning. Describe the circumstances leading to this request (i.e. What is the reason you need emergency funding).

ACCOMMODATION

- | | |
|--|---|
| <input type="checkbox"/> Living with Parents (rent provided) | <input type="checkbox"/> Married/Common Law (no dependents) |
| <input type="checkbox"/> Living with Parents (paying room and board) | <input type="checkbox"/> Married/Common Law (with dependents) |
| <input type="checkbox"/> Living Alone (no dependents) | <input type="checkbox"/> Single Parent (with dependents) |
| <input type="checkbox"/> Living with roommates (shared expenses) | |

Please provide a detailed breakdown of resources and expenses **from the start of the current semester**

Study Period Start Date: _____

Resources	Monthly Income	Total Income to Date	Expenses	Monthly Expenses	Total Expenses Paid to Date
Savings before start of semester			Tuition and Fees		
Student loan/Grant			Books/Supplies		
Scholarships/Bursaries Received			Rent/Mortgage		
Net Student Income			Utilities		
Net Spousal Income			Phone		
Income Assistance			Food		
EI Benefits			Transportation		
Child Tax Payments			Insurance (home, auto)		
GST Rebates			Daycare fees		
Child or Spousal Support received			Child or Spousal Support (amount you pay)		
Parents/Family Support			Loans/Credit cards		
Sponsorships (Band Funding, Work BC etc.)			Medical/Dental		
Other (specify)			Miscellaneous (clothing, incidentals etc.)		
Total Income			Total Expenses		

How much money do you have in your savings/chequing account(s) today? \$ _____

How much money are you requesting? \$ _____

Please provide screen shots of other documentation to support this amount

Do you have access to the following (check all that apply)

Computer?

Laptop?

Tablet?

Smartphone?

SOURCES OF INCOME

CREDIT CARDS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current limit \$ _____	Current Balance \$ _____		
LINE OF CREDIT :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current limit \$ _____	Current Balance \$ _____		
HAVE YOU APPLIED FOR GOVERNMENT LOANS or GRANTS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain why.
DO YOU HAVE OTHER FUNDING SOURCES (SCHOLARSHIPS, SPONSORSHIPS, ETC.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ARE YOU CURRENTLY EMPLOYED (PART-TIME OR FULL-TIME)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain why.

List all other types of financial assistance you have applied for or received during the current educational period (eg. student line of credit, RESP, RRSP Lifelong Learning Plan, etc.)

Type of Financial Assistance	Date Applied	Amount Received or Expected
_____	_____	_____
_____	_____	_____

AUTHORIZATION AND DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I **certify** that the information contained herein and in the supporting documents is true, correct and complete. I **understand** that any misrepresentation, incomplete disclosure or falsified information on the application and supporting documents may result in the cancellation of an award or repayment of an award.

I **authorize** Okanagan College to release my personal information to Okanagan College's award selection committees and the Okanagan College Foundation, for the purposes of determining eligibility for an award, granting an award and recognition as a recipient of an award. I **agree** to the public release of my name and/or photograph in the event I am selected to receive an award.

I **understand and agree** that if I fail to maintain satisfactory academic standing or do not complete the period of study for which I am applying for assistance, I may be required to repay all or a portion of any award I receive.

I **understand and agree** that any debts owing to Okanagan College will be deducted from any award I receive.

Signature of Applicant

Date

Freedom of Information:

Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA and the *College and Institute Act*. The information will be used for the purposes of determining eligibility and granting scholarships, bursaries and awards. Additional information may be found in our Protection of Privacy Policy on the Okanagan College website. Questions about the collection of, use and sharing of your personal information may be directed to the Registrar.

OFFICE USE ONLY

EMERGENCY BURSARY:

Request Denied: (initials) _____ Reason Denied: _____

Amount Approved: \$ _____ payable to STUDENT by Cheque

Amount Approved: \$ _____ payable to STUDENT by Cash

Amount Approved: \$ _____ payable to OTHER _____

For pick-up at: Kelowna Penticton Salmon Arm Vernon

Total Amount Approved: \$ _____ Fund: _____

Award # _____ Detail code _____ Approved by _____

Date _____ Approved by _____

Instructor's/Interviewer's Comments:

Checklist:

Outstanding Tuition \$ _____ Registration _____ Holds _____
Academic Standing _____ SFAS/SAIL Unmet Need _____ Attendance _____

Revised Jul 27, 2020