

Applicant Circumstance	
1.	How you are/were going to pay for your tuition and fees, textbooks and other educational costs this term.
2.	How you are/were going to pay for your living expenses (food, housing, cell phone, internet, etc.) for this term.
3.	A clear outline of your sudden and unexpected financial emergency.
4.	A clear outline of efforts made in pursuing alternative financial resources.
5.	A description of the expenses that emergency funding would support.

Remember to attach supporting documentation to support what you have outlined in your 'Statement of Circumstance' as well as what you have reported in your 'Budget Worksheet' (e.g. receipts, proof of loss of employment, two recent paystubs, etc.)

Budget Worksheet

- Calculate your expenses and resources for the **current 4 month term**.
- **Answer all questions. Enter \$0 or N/A if none.**
- **Do not report standard living expenses (rent, transportation, food, etc.) or your tuition/fees/book amounts.** These expenses will be automatically considered and assessed in accordance with StudentAid BC financial need assessment standards.

Budget Information for the Current Term		
EXPENSES	AMOUNT	OFFICE USE ONLY
CHILD CARE (monthly)		MSOL _____
CHILD SUPPORT (monthly)		Actual Tuition & Fees _____
SPOUSAL SUPPORT (monthly)		IA Textbooks _____
EXCEPTIONAL EXPENSES (total term)		Reported Expenses: _____
OTHER (SPECIFY) (total term)		Total Expenses _____
RESOURCES	AMOUNT	
EMPLOYMENT INCOME (monthly net)		Reported Resources: _____
GOVERNMENT ASSISTANCE (monthly net)		_____
PARENTAL/FAMILY SUPPORT (total term)		Max SL: _____
SPOUSE INCOME (monthly net)		SL > Income (y/n) _____
SAVINGS (total term)		_____
BAND FUNDING – TUITION (total term)		Total Expenses _____
BAND FUNDING – LIVING ALLOWANCE (monthly)		Less: Reported Resources or Max SL _____
DISABILITY ASSISTANCE (monthly)		_____
CHILD CARE SUBSIDY (monthly)		FN _____
SPOUSAL SUPPORT (monthly)		_____
CAPU OR EXTERNAL AWARDS (total term)		
OTHER (SPECIFY) (total term)		

Applications are subject to audit. Applicants may be required to submit additional supporting documentation as part of the audit process. Awards will be revoked for students who fail to provide supporting documentation or misrepresent themselves on applications.

Applicant Declaration

I certify that the information provided on this application is true and complete to the best of my knowledge. If requested, I will provide supporting documentation for verification of information provided and of award eligibility. I authorize Capilano University to verify information collected on this application and I consent to the disclosure of information on this application to other educational institutions, government student loan agencies, and the BC Ministry of Advanced Education as required. I understand that any misrepresentation or false information provided may result in the cancellation of any application or award that I may receive and that I may be subject to university disciplinary action. I understand that outstanding university debts will be deducted from any award that I am granted. If I am granted an award, I consent to the disclosure of my information, relevant to the requirements of the award, to applicable Capilano University departments. In accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA) personal information can only be used for the purpose for which it is collected; for a reason consented to by the individual; or in accordance with sections 33 to 36 of the Act.

 APPLICANT SIGNATURE

 DATE

EXPENSES

- Child Care:** If you have child care expenses for your children aged 11 years and younger, enter the **monthly amount** you are required to pay each month during the term that this financial need worksheet is for.
- Child Support:** Child support (also called maintenance) is financial support that one parent pays to the other parent under an agreement or court order to help provide for the daily needs of a child. If you are required to make these payments, enter the **monthly amount** you are required to pay each month during the term that this financial need worksheet is for.
- Spousal Support:** Spousal support (also called maintenance) is financial support paid to a former spouse under an agreement or court order to help with living expenses. If you are required to make these payments, enter the **monthly amount** you are required to pay each month during the term that this financial need worksheet is for.
- Exceptional Expenses:** If you have exceptional financial circumstances that set you apart from other students and are a barrier to accessing your education, you may report the **total amount** of your exceptional expenses you have to pay during the term that this financial need worksheet is for here.

RESOURCES

- Employment Income:** If you will be employed or on a co-op work term during the term that this financial need worksheet is for, enter the **monthly net amount** of income that you will earn. The net amount is what is left after tax deductions.
- Government Assistance:** If you receive government assistance such as Employment Insurance (EI) benefits, Canada Recovery Benefits (CRB, CRCB, CRSB), etc., enter the **monthly net amount**.
- Parental/Family Support:** Enter the **total amount** of all financial support you will receive from your parents/family (including RESPs, scholarship trust funds, support for living expenses, rent payments they will make for you, room-and-board, etc.) during the term that this financial need worksheet is for.
- Spouse Income:** Enter the **monthly amount** of employment income that your spouse/common law partner will earn during the term that this financial need worksheet is for.
- Savings:** Enter the **total amount** of savings that you have for during the term that this financial need worksheet is for.
- Band Funding – Tuition:** If you will be receiving band funding or band sponsorship tuition support, enter the **total amount** you will be receiving for tuition, textbooks, and school supplies during the term that this financial need worksheet is for.
- Band Funding – Living:** If you will be receiving band funding or band sponsorship living allowance, enter the **monthly amount** you will receive for your living allowance during the term that this financial need worksheet is for.
- Disability Assistance:** If you will be receiving disability assistance through the BC Employment and Assistance Program for Persons with Disabilities, enter the **monthly amount** you will receive during the term that this financial need worksheet is for.
- Child Care Subsidy:** A child care subsidy or allowance is financial support provided by the government to help parents and guardians with the cost of child care. If you are receiving this financial support, enter the **monthly amount** that you will receive during the term that this financial need worksheet is for.
- Child Support:** Child support (also called maintenance) is financial support that one parent pays to the other parent under an agreement or court order to help provide for the daily needs of the child. If you receive these payments, enter the **monthly amount** you will receive during the term that this financial need worksheet is for.
- Spousal Support:** Spousal support (also called maintenance) is financial support to help with living expenses paid to a former spouse under an agreement or court order. If you receive these payments, enter the **monthly amount** you will receive during the term that this financial need worksheet is for.
- Awards:** If you are approved to receive a scholarship or award, enter the **total amount** that you will receive during the term that this financial need worksheet is for.