

**Emergency Funding and Rachel & Ernest Fox Loan Application**

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

Phone: 250-391-2600 ext 4222

Email: rrufinancialaid@royalroads.ca

This application determines eligibility for: Emergency Loan, Emergency Bursary, Howard Dorrance Staff Legacy Bursary, President’s Indigenous Support Bursary, Indigenous Emergency Aid Funds, Rachel & Ernest Fox Loan.

Approval is dependent on the candidate satisfying eligibility as described on the RRU website.

Please be aware that funding is limited and may not meet all emergency needs.

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| 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 dependents under 19 years old?  Yes  No If yes, how many? Click here to enter text. | |
| Do you identify yourself as a Canadian Indigenous person?  Yes  No | |

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

***How much do you need right now?*** Click here to enter text.

***What do you need the money for and what circumstances led to this emergency situation?***

Click here to enter text.

***This limited funding is for students who have exhausted all other funding resources. Tell us what you have already done to resolve this situation.***

Click here to enter text.

**FINANCIAL INFORMATION**

We’re interested in your 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.

|  |  |
| --- | --- |
| **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 |

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

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

|  |  |
| --- | --- |
| **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.

|  |  |
| --- | --- |
| **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. |

|  |  |  |
| --- | --- | --- |
| **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. |