



UWSA
THE UNIVERSITY OF WINNIPEG
STUDENTS' ASSOCIATION

For Official Use Only	
Application received by	APPLICATION STATUS
Date received	
Plan Type	
Plan Rate \$	
Decision Date	Accepted
Signature	Rejected
Notes	Amount \$

HEALTH PLAN BURSARY APPLICATION FORM

The Health Plan Bursary is a component of the Student Support Program, which provides resources to students that are in need of immediate or emergency assistance.

Please fill out the following form, attach any additional documentation, and submit to the UWSA Vice-President Internal Affairs in the Bulman Students' Centre. Call (204)786-9781 or visit www.theuwsa.ca for more information.

Personal Information

Last Name			First			Middle			
Student Number				Date of Birth (YYY/MM/DD)					
Address									
City			Province			Postal Code			
Email					Phone () -				
Marital Status:		Single <input type="checkbox"/>		Married/ Common-Law <input type="checkbox"/>					
Do you have dependents? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes: How many?					
Student Status:		Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>		International <input type="checkbox"/>		Other <input type="checkbox"/> :	
Is your spouse/ partner a student? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>					

Employment Information

Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes:		Number of hours per week		Wage	
Name of employer					
Email				Phone () -	
If married/common-law, is your spouse/ partner employed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes:		Full time <input type="checkbox"/>		Part time <input type="checkbox"/>	
Wage					

Financial Statement		
What fees were you assessed for the UWSA Health Plan?		\$
Have you made a payment? (Please attach proof)		\$
Financial Resources		
Please indicate your income/ resources from start of session to end of your school year		
Savings at start of session		\$
Funds from parents, family, friends, others		\$
Canada Student Loan		\$
Manitoba Student Loan		\$
Household Income (estimated monthly amount x number of months)		\$
Other		\$
TOTAL RESOURCES	A	\$
Financial Expenses		
Please include information regarding dependents when calculating your expenses		
School Expenses		
Tuition		\$
Books & supplies		\$
TOTAL SCHOOL EXPENSES	B	\$
Monthly Expenses		
Housing & utilities		\$
Food		\$
Transportation		\$
Recreation		\$
Medical		\$
Personal care (laundry, toiletries etc)		\$
Other		\$
TOTAL MONTHLY EXPENSES	C	\$
TOTAL EXPENSES B + [C x number of months in classes]	D	\$

Total Financial Need	
Please calculate your total financial need (Total resources – total expenses)	
A – D =	\$
<p>Notes: This information will be used to evaluate a student's overall need. We recognize that each student's situation is unique and will give consideration to all factors presented in this application. Please refer to "Health Plan Bursary" in the <i>University of Winnipeg Students' Association Health Plan Policy</i> for a list of factors considered in the bursary application process.</p> <p>The maximum bursary amount is 2/3rd of the health plan cost.</p> <p>The UWSA Events and Services Committee decision cannot be appealed.</p>	

Reason for Request

Please explain your financial need with reference to extenuating circumstances, significant expenses, current income/resources, etc. This is your opportunity to present your unique situation and needs.

Declaration

I hereby declare that all the information on this application is complete and true in every respect. I grant the University of Winnipeg Students' Association and/or Health Plan Coordinator to release my name, information and address to the UWSA Finance and Operations Committee.

Signature	Date
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