



Emergency Funding Application Form

Eligibility Criteria

To be eligible for any form of emergency funding (loan or bursary) a student must:

- Complete this form in its entirety
- Have a minimum 1.7 Grade Point Average (GPA)
- Be in good financial standing with Medicine Hat College
- Be able to provide supporting documents on request to support their claim of financial need
- **Email as a PDF to finaidinfo@mhc.ab.ca with EMERGENCY FUNDING in Subject Line**

This form will allow you to be considered for any form of funding available that may be able to help you with your emergency. If better options are available we may recommend you to another organization with your permission. We recommend providing all the information even if you are unsure if you will qualify in order to assist us with matching you with any alternative forms of funding.

Personal Information

MHC Student ID #: _____ SIN # _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Best number to reach you: _____ Home Cell Other

Email address: _____

Family Status

Marital Status:

- Single Married Common-law Separated

Number of Dependents: _____ Age of Dependents: _____

Education Information

Program: _____ Current year of program: _____

- Full-time Part-time GPA _____

Employment Information

Current Place of Employment: _____

Hours per week: _____ Monthly Earnings: _____



Financial Information

Income (monthly)

Employment
Student Loan Living Allowance
Funded Living Allowance
Spouse/Partner/Parental Assist
Scholarships (pro-rate to monthly)
Band Funding
Child Support/Alimony
Child Tax Credit
Other (specify)
TOTAL:

Expenses (monthly – please exclude any costs covered by spouse, parents, partners or roommates)

Accommodation
Utilities
Food
Transportation
Child Care
Miscellaneous Personal (include only necessities)
Other (specify)
TOTAL:

Have you applied for alternative funding?: (loans, Alberta Works, bank loan, line of credit, etc)

- Yes
- No

If yes, please explain source and amount: _____

Would you like us to connect you to any of the student supports available at the College?:

- Yes
- No

If yes, please check where we can pass your name, contact information and student number (financial information from this form will not be released):

- Academic Advising
- Student Personal Counselling
- Accessibility Services
- Financial Planning Assistance
- Tuition Payment Plan Support
- Academic Learning Supports
- Chaplaincy
- Student Association (food bank, peer support, etc)



Additional Information

Please provide us with additional information that will help us to understand the information you are submitting on this form as well as **how much you are requesting:**

Student Signature

I understand that I am voluntarily submitting this information to the College for assessment of my financial situation and I have represented myself accurately. I understand the College may contact me for more information or to inform me of the status of my application and I confirm that the contact information on this form, and on my student account are suitable in order to facilitate that contact.

The personal information collected on this form is collected and maintained as part of a student record and will be used for the purpose of admission, registration, issuing tax receipts, and for College research and planning. If admitted to collaboration with another institution, I will abide by the rules and regulations of that collaborating institution. I also authorize Medicine Hat College to exchange my records with the collaborating institution. In signing this form, I consent to disclosure of personal information to the Medicine Hat College's Student's Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, T1A 3Y6, or 403-529-3800 or foip@mbc.ab.ca

Student Signature

Date

OFFICE USE ONLY

Date of interview: _____

Amount granted: _____

Signature, Coordinator Financial Aid _____ Date: _____

Signature, Associate Registrar _____

Student to Receive: _____ Comments: _____

- Loan
- Emergency Bursary
- Pathways Bursary
- Other _____