Office Use Only:	ſ] Granted	[] Denied	Reason	ID#



KSA Extended Health & Dental Hardship Bursary Application Fall 2017

Personal Information - Please Print

Name:	Student #:					
Phone #:	Degree Program:					
Year of Study:	Email:					
Address:	Postal Code:					
Purpose						
In order to improve the lives of Kwantlen students, the KSA offers a subsidy to KSA members who are experiencing financial hardship that impedes their access to education. If you are able to demonstrate financial hardship or a significant personal obligation, you may be eligible to receive a Family Add-on Subsidy, an Extended Health subsidy (\$85), a Dental subsidy (\$110), or a full Health & Dental subsidy (\$195). Once the final date for application submission passes, the KSA Bursary Committee will review all applications. Funding for these subsidies is limited. Your ability to demonstrate financial hardship does not guarantee a subsidy, and applicants may receive a partial or full subsidy. Please note that students must be eligible for the KSA Health & Dental plan to be eligible for the Health & Dental subsidy. Only successful applicants will receive notification in the form a cheque that will be mailed to the address provided one month after the deadline for submissions. Financial Hardship						
Please check at least one of the following boxes that applies to your situation. You will also need to attach copies of all supporting documentation to submit with your application form. Personal statements must be submitted along with this application in order to be considered.						
Financial Hardship	Please include a brief written statement detailing your situation, evidence of any outstanding debts, including student loan "Notice of Assessment," private loan contracts, "line of credit" statements, income tax assessments, and/or credit card statements.					

		Personal Obligation	personal Dental pla	circum: an. Plea	n explanation of why your familial obligations or stances prevent you from using the Health & use include supporting documents such as copies eipts or medical certificates.			
Proo	f Of	Eligibility						
please	e ens Il Elig		-		ust be included in your application. When printing, included in the printed screen. To find your Health &			
	2. 3.	Click Student Menu Click Registration Click Account Summary by	/ Term- this	is the p	page that must be printed			
Select	t wh	ich bursary you wish to	o be consi	dered	for:			
	Full	Health & Dental Bursary (\$	(195)		Health Only Bursary (\$85)			
	Fam	ily Add-on Bursary (Variab	le)		Dental Only Subsidy (\$110)			
I here	by ce	ertify that I have read the ir	nstructions (outlined	d above and have included the following items:			
		ersonal statement detailing the situation in the context of either financial hardship or rsonal obligation.						
		porting documents as outlined under financial hardship or personal obligation. Printed copy of r Health & Dental Eligibility for the semester.						
	und	m applying for a financial hardship subsidy because of one or more of the above reasons. I derstand that if my application is incomplete, my application will not be processed. I also derstand I may not receive the subsidy simply by applying for it.						
Stude	ent S	ignature		ı	Date			
		ion provided on this form will b vill be kept on record for one fu	-		d will be used solely for processing the application. The estroyed.			
		ubmit Application wo ways to submit this app	lication:					
In Per	rson:	You may drop off your app KPU campus, or directly to	-		to any KSA Health & Dental office located on each Surrey.			
Ву Ма	ail:	KSA Benefit Plan Office 12666 72nd Avenue, Ceda Surrey, BC V3W 2M8	ır 1265					