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



## KSA Extended Health & Dental Hardship Bursary Application Fall 2015

## **Personal Information - Please Print**

Name:	Student #:
Phone #:	Degree Program:
Year of Study:	Email:
Address:	Postal Code:
Purpose	
experiencing financial hardship the financial hardship or a significant Subsidy, an Extended Health substitution Once the final date for application applications.  Funding for these subsidies is limit subsidy, and applicants may receit the KSA Health & Dental plan to be	wantlen students, the KSA offers a subsidy to KSA members who are not impedes their access to education. If you are able to demonstrate personal obligation, you may be eligible to receive a Family Add-on sidy (\$80), a Dental subsidy (\$110), or a full Health & Dental subsidy (\$190). In submission passes, the KSA Bursary Committee will review all sited. Your ability to demonstrate financial hardship does <b>not</b> guarantee a give a partial or full subsidy. Please note that students must be eligible for the eligible for the Health & Dental subsidy. Only successful applicants will cheque that will be mailed to the address provided one month after the
	Please include a brief written statement detailing your situation, evidence of any outstanding debts, including student loan "Notice

Proo	of Of El	Personal Obligation  igibility	Please provide an explanation of why your familial obligations or personal circumstances prevent you from using the Health & Dental plan. Please include supporting documents such as copies of child-care receipts or medical certificates.				
ensur Eligib 1. Acc 2. Clic 3. Clic	re the mility Pag cess my ck Stude ck Regis	nonths of the current semge, you must: kwantlen.ca ent Menu tration	lity Page must be included in your application. When printing, please nester are included in the printed screen. To find your Health & Dental nis is the page that must be printed				
Selec	t whic	h subsidy you wish to	be considered for:				
	Full	Health & Dental Subsidy	(\$190) Health Only Subsidy (\$80)				
	Fam	nily Add-on Subsidy	Full Dental Subsidy (\$110)				
I here	by cert	ify that I have read the in	structions outlined above and have included the following items:				
		ersonal statement detailing the situation in the context of either financial hardship or ersonal obligation.					
	сору	Supporting documents as outlined under financial hardship or personal obligation. Printed by of your Health & Dental Eligibility for the semester.					
		stand that if my applicati	ncial hardship subsidy because of one or more of the above reasons. I on is incomplete, my application will not be processed. I also he subsidy simply by applying for it.				
Stude	ent Sig	nature	Date				
nforma	ation wil	be kept on record for one fu	e kept confidential and will be used solely for processing the application. The ll year before being destroyed.				
		omit Application  o ways to submit this app	lication:				
	us, or c	ou may drop off your app lirectly to our main office You may mail your applica	•				
-	ŀ	Kwantlen Student Associa Kwantlen Polytechnic Uni 12666 72nd Avenue, Surre	tion versity				

Deadline for Submissions: Friday October 9, 2015 at 4:00pm