



## Financial Assistance Application

PSAC Local 610 Western  
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**Please read the instructions carefully. Incomplete applications will not be considered.**

**Mission Statement:** The Financial Assistance Fund exists to assist the financial needs of members when all other avenues have been exhausted with the following categories: Medical Emergencies, Personal Emergencies, Academic/Conference Travel, and Child Care Subsidy.

**Eligibility:** To apply you must have held a teaching assistantship for at least one term during the current academic year (for TAs on leave, exception may be granted). **Please submit one application form per deadline per member and include all applicable categories on one form.**

**Application Review:** Applications are considered throughout the year. The committee aims to respond to all applications within one month of the deadline. Applicants will be notified of decisions by email and if your application is successful, you may receive the funds either by direct deposit\* or by cheque.

Please indicate your preference by ticking the appropriate box below. Cheques will not be mailed. Applicants can pick up the cheque from our office during office hours.

\*If direct deposit is selected, the direct deposit form or a copy of a void cheque must be submitted with your application.

**Direct Deposit:**

**Cheque:**

### Contact Information:

**Name:**

**UWO Email:**

**Department:**

**Student #:**

**Program:**

**Start Date:**

**I hereby certify that the information provided in this application is complete and accurate.**

Name:

Date:

### Important Instructions:

The terms divide into Fall (September–December), Winter (January–April) and Summer (May–August). Adjudication periods divide according to the months in the calendar and the deadline to submit an application is the 1st of each month. Please see page 2 of this application for an overview of each category. Should you need any assistance, please contact [staffpsac610@gmail.com](mailto:staffpsac610@gmail.com).

- Please send your application in a new email with the subject : Application for Financial Assistance.
- Do not include any other type of benefits application in the same email.
- Please be specific about the need for which you're applying. General living expenses will not be considered. Any information you can provide will assist the committee in making a decision. Please provide receipts for the expenses as we only accept applications with receipts.

**Confidentiality:** Each application is assigned an identification number and reviewed by the Financial Assistance Committee with personal information redacted. Once we receive their decision, we will let you know by email. From time to time there may be varying circumstances that will cause delays in processing. However, we will endeavour to complete claims as quickly as possible.

## General Categories

Applications must be filled out in full to receive consideration. The Financial Aid Committee will verify the receipts appended to the application. Only documented expenses for which receipts are included shall be considered. While the committee has the authority to fund or deny the application the following criteria express the committee's preference.

Unlikely to be funded: Petcare expenses, passport fees, visa applications or permanent residency fees, vehicle expenses, UHIP expenses, textbook purchases, tuition fees, technology purchases, conference fees or membership fees, and any other expenses that doesn't qualify as "unexpected need".

### 1) Medical Emergencies (maximum \$500 per term)

This category covers all unexpected medical expenses. You may also claim for a dependent such as a child, spouse or parent. These include emergency medical or dental bills including bills incurred outside Canada. In case the supporting documents are in a language other than English, please include an unofficial translation; and the amount claimed must be indicated in Canadian Dollars.

This category also covers expenses incurred as a result of being affected by the COVID-19 virus including but not limited to medical expenses related to contracting the virus, supports required for quarantine (i.e., delivery fees, temporary living arrangements), mental health support (i.e., grief counselling due to loss of a loved one), loss of salary. Please provide receipts, documentation of how the virus has affected you (i.e., positive test result for you or a dependent), any other relevant documentation (i.e., salary loss, being immunocompromised), and a short rationale explaining the need for the expense.

**Please ensure you've applied for and exhausted your eligible SOGS health plan and PSAC Local 610 EHP benefits.** If the expense wasn't covered by SOGS then put "0" in the "covered by SOGS" column. However, you need to explain and provide document proof why it wasn't covered by SOGS. If your receipt is covered by SOGS and you've not yet applied for reimbursement then you must first apply to SOGS.

### 2) Personal Emergencies (maximum \$500 per term)

This category covers all unexpected expenses other than regular household costs. To apply in this category the applicant must provide substantial documents to support their claim. The application will be reviewed by the committee on the basis of what is submitted. Please ensure you include receipts and a rationale for the emergency.

Examples of eligible funding include but are not limited to: bereavement travel, financial difficulties related to separating from a spouse or partner and loss of property due to unforeseen circumstances (house fire, flood, etc.). Know that the Financial Aid Committee values your privacy. Any personal information shared with the committee is kept confidential.

If you are applying for an electronic device, you need to provide a letter from the department or professor stating that you need the device and no funding will be provided by them. Please include proof that your old device was not working (photos, technical expert opinion etc) along with the invoice for the new device.

### 3) Academic/Conference Travel (maximum \$300 per academic year)

This category covers **expenses** related to academic work and/or conferences for applicants who are not fully funded for the costs by another source. Please provide supporting documents such as a letter from your supervisor/department or proof that funding was sought but not approved. The applicant must also provide documentation of their conference registration, travel and lodging expenses, and proof of participation as a presenter such as itinerary of conference or the official attendance certificate issued by the holder of the conference. We strongly encourage you to also apply for the SOGS Travel Subsidy.

### 4) Child Care Subsidy (maximum \$750 per academic year)

This category covers expenses related to child care costs. Please enclose the appropriate documentation and receipts with your application. Only receipts from licensed childcare providers and programs will be considered for the subsidy.

Members are also encouraged to apply to SOGS Child Care Subsidy.

For more information, please see our bylaws found here:

[https://www.psa610.ca/\\_files/ugd/3fe901\\_af31718be0264a35b0215d5e268cf86d.pdf](https://www.psa610.ca/_files/ugd/3fe901_af31718be0264a35b0215d5e268cf86d.pdf)

Please outline your (and your household's) annual income sources and the approximate amounts. Income sources include fellowships, assistantships, grants, bursaries, and work outside of the university. Income from other investments should also be included. Report your income and expenses for the current academic year (September – August).

All information must be completed. If any of the criteria is not applicable to you then please put "0". No further opportunity will be given to update the application once the review process has started. If you have any questions about the application form, please contact [staffpsac610@gmail.com](mailto:staffpsac610@gmail.com).

**Section 1) Applicant Information**

Are you an international student?                                      Yes                                      No

**Current Academic Year Expected Income**

Income Source	Fall Term	Winter Term	Summer Term	Total/Year
Teaching Assistantship				
Research Assistantship				
University/Department Funding (WGRS, WES)				
Scholarships (NSERC, SSHRC, OGS, OGSST, IGSS, etc.) Please specify which:				
Other Income (i.e., off-campus employment) Please specify which:				

**1. Subtotal: \$**

**Section 2) Household Information**

Do you have a spouse/common-law partner?                                      Yes                                      No

Immigration Status:                      International                      PR/Canadian

If yes, please fill out the following information:

Income Source	Fall Term	Winter Term	Summer Term	Total/Year
Spouse/Common-Law Partner				

**2. Subtotal: \$**

Are your dependents (spouse/common-law partner or children) enrolled in the SOGS Health Plan? Yes No

Do your dependents have external health care plans other than OHIP/UHIP? Yes No

If you have answered “yes” to the above and you’re applying for a medical expense please attach the insurance statement.

**Section 3) Dependent Information**

Do you have children? Yes No How many children do you have?

If yes, please fill out the following information for all your children. If no, please skip to section 4:

Income Source	Fall Term	Winter Term	Summer Term	Total/Year
Canada Child Benefit (CCB)				
Daycare Subsidy				

If any of the above does not apply to you please put “0” in the corresponding section. **3. Subtotal:** \$

**Section 4) SOGS Funding**

Please indicate below the financial programs and scholarships which you’ve already applied for to meet your need. If you have not done so already, please consider applying for these bursaries if applicable.

Income Source	Fall Term	Winter Term	Summer Term	Total/Year
Child Care Subsidy				
Emergency Loans				
Travel Subsidy				
Ontario Student Opportunity Trust Fund				
SOGS Bursary (Grad Club Bursary/Out-of-Province Bursary/125 <sup>th</sup> Anniversary Scholarship)				

**4. Subtotal:** \$

**Section 5) PSAC 610 Funding**

Income Source	Fall Term	Winter Term	Summer Term	Total/Year
Extended Health Plan				
Mental Health Fund				
Financial Assistance - Medical				

Financial Assistance - Personal				
Financial Assistance – Academic				
Financial Assistance – Child Care				
Food Support				

5. Subtotal: \$

GRAND INCOME TOTAL from all income sources: Subtotal of section 1-5) \$

Please report your approximate expenses for the current academic year (September – August).

You must add the total of each category. If any criteria are not applicable, please enter “0” (zero). No further opportunity will be given to update your application once the reviewing process has started. If you have any questions about completing the application, please contact [staffpsac610@gmail.com](mailto:staffpsac610@gmail.com).

Expenses	Total / Year
Rent/Mortgage and Household Utilities	
Groceries and Food Related Expenses	
Transportation	
Child Care Expenses	
Tuition Fees (including UHIP, SOGS Health Plan, any other ancillary fees) Books, and School Material	
Other Expenses including Loans etc.	

GRAND TOTAL from all your expenses: \$

Please select your Financial Assistance Fund category (*select all that apply*).

Medical Emergency      Personal Emergency      Academic/Conference      Child Care Subsidy

Total Amount Claiming \$

Please describe in detail the nature of the need for which you're seeking support. Normally, general living expenses (rent, telephone, internet, etc.) will not be considered. If your expenses exceed your income by a substantial amount, please provide explanation as to how you cover those extra expenses. **Attach an additional page if necessary. Please do not include your name.**

***You must complete this section to be considered.***

You must fill out all the information. If any of the criteria is not applicable to you then please enter "0" (zero). No further opportunity will be given to update your application once the reviewing process has started. If you have any questions about completing the application, please contact [staffpsac610@gmail.com](mailto:staffpsac610@gmail.com).

You must complete this section to be considered.

Type of Expense	Date	Total Cost	Amount Covered by SOGS	Amount Covered by EHP/MHF/FA	Amount Covered by Department	Amount Claiming

**TOTAL AMOUNT CLAIMING: \$**

**Document Check List:**

(Incomplete application will not be processed.)

- Completed Application Form**
- Receipts for Expenses**
- GTA Contract Letter (if not already on file)**
- Any other supporting documentation**