**Eligibility – Needs based**

This bursary is for graduate students currently registered in a graduate program at the University of Guelph. Students on leave, or residing in a province other than Ontario, are ineligible; students may apply **once per degree**. Students in their first semester of their graduate program are not eligible to apply for this bursary. Once a complete application has been received, the GSA Finance Committee will review it, and successful applications may be up to $500.00. Successful applicants will be notified within approximately 30 days of the application deadline.

**Application deadlines are as follows:  
S19: August 31, 2019  
F19: December 31, 2019  
W20: April 30, 2020**

**Guidelines**  
  
Applicants must be able to provide documentation of current child-care expenses (i.e., past bills) from a childcare provider in Ontario. **The GSA cannot accept applications for care provided in an unlicensed day care/babysitting centre/facility.** The GSA cannot accept applications for children registered in private education institutions, such as a private school or Montessori school. The financial statement/invoice/receiptmust include the applicant and child(ren)’s: name, address, phone number and a signature indicating the veracity of the information provided. No monies will be paid for childcare provided through a family member (e.g. stay-at-home parent, grandparent, or any blood relative).

The GSA is only able to provide reimbursement for expenses already accrued and paid.

**Conditions**

The GSA assumes no responsibility for the quality of the childcare funded by these awards.

Bursary awardees and/or childcare providers may be contacted through either the University of Guelph or the GSA’s Auditors.

Please ensure that all the requested information is included in the application package. **Incomplete applications will not be considered.** The GSA Finance Committee will not seek information on your behalf.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | |
| Student Name: | |  | | | |  | | |  |
| Last | | | | | | First | | | Middle Initial |
| Student ID Number: | | |  | Department: | | | |  | |
| Semester Level: | | |  | Student Status: | | | |  | |
|  | | | | | | | | Domestic or International | |
| Program: |  | | | | | | | | |
| Phone: |  | | | | Email: | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child Information (For whom Expenses are being claimed) | | | | |
| Number of Children: | |  | | |
| Name: |  | | Age: |  |
| Name: |  | | Age: |  |
| Name: |  | | Age: |  |
| Name: |  | | Age: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table A: Income | | | | |
| Please provide your semesterly income. | | | | |
| Stipend | Teaching Assistantship (TA): | | | $ |
|  | | Scholarship: | | $ |
|  | | OSAP: | | $ |
|  | | Work Study: | | $ |
|  | | Research Assistantship (RA): | | $ |
| Are you currently employed: | | | | YES/NO |
| **If YES**, | | Semesterly Net Income: | | $ |
|  | | Place of Employment | |  |
|  | | Full-time or Part-time | |  |
| Bursaries | | | Source: |  |
|  | | | Amount: | $ |
| Additional Income Assets | | | Source: |  |
|  | | | Amount: | $ |
| Savings (GICs, RRSPs, etc.) | | | | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table B: Partner Information (if applicable) | | | | | | |
| Please provide their semesterly income. | | | | | | |
| Name: | | |  | | | |
| Are they currently a student? | | | | | YES / NO **If NO**, skip to \*Employed. If YES, also fill out \*Employed | |
|  | Masters or Doctorate: | | | |  | |
|  | Semester Level: | | | |  | |
|  | Full-time or part-time: | | | |  | |
|  | Status: *Domestic or International* | | | |  | |
|  | Department: | | | |  | |
| Stipend | | | Teaching Assistantship (TA): | | | $ |
|  | | | Scholarship: | | | $ |
|  | | | | OSAP: | | $ |
|  | | | | Work Study: | | $ |
|  | | | | Research Assistantship (RA): | | $ |
| Bursaries | | | Source: | | |  |
|  | | | Amount: | | | $ |
| Is he/she currently \*Employed: | | | | | | YES/NO |
| **If YES**, | | Semesterly Net Income: | | | | $ |
|  | | Place of Employment: | | | |  |
|  | | Full-time or Part-time: | | | |  |
| **If NO**, | | Please provide explanation: | | | |  |

|  |  |  |
| --- | --- | --- |
| **Table C: Expenses** | | |
| Rent or mortgage payment **per semester** per family | | $ |
| Approximate utility expenses **per semester** | |  |
|  | Hydro: | $ |
|  | Water: | $ |
|  | Phone: | $ |
|  | Internet: | $ |
|  | Cable: | $ |
| Approximate food expenses **per semester**: | | $ |
| Additional Expenses **per semester:**  *(E.g. Dental, Medical, etc.)* | | $ |
|  | Please describe: |  |
| Current child care expenses **per semester**: | | $ |

|  |  |
| --- | --- |
| **Level of Financial Need** | |
| Total Income (Table A + B) | $ |
| Total Expenses (Table C) | $ |
| Total Financial Need (Income – Expenses) | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Information** | | | |
| Have you applied you previously applied to the GSA Child Care Bursary? | | | |
|  | | YES / NO | |
| If YES, please state date of application(s), and if any amount was awarded: | |  | |
| Have you applied for OSAP/government subsidies for childcare in the last year? | | | |
|  | | YES / NO | |
| If YES, please state amount received: | | $ | |
| If YES, please state date of allocation: | |  | |
| If YES, please state subsidy name: | |  | |
| Have you applied for a Graduate Program Services bursary? | | | |
|  | | YES / NO | |
| If YES, please state amount received: | | $ | |
| If YES, please state date of allocation: | |  | |
| If YES, please state bursary name: | |  | |
| You may provide the committee with up to one additional page of information regarding your current financial and personal situation. If there have been health issues, emergency circumstances or other relevant issues that have caused you personal or financial troubles that have resulted In your need for a childcare bursary, this is the place to explain them to the committee. | | | |
| **I certify that all information contained in this application package is correct.** | | | |
| Signature: |  | Date: |  |

**Please submit all documents by mail or drop-off at**

The GSA Office, Room 530, UC  
University of Guelph  
50 Stone Road East  
Guelph, Ontario  
N1G 2W1  
Canada