

Emergency Fund for Indigenous Students

Purpose

The intent of this emergency fund is to provide financial support for **Indigenous students in the Nurse Practitioner program** and for **Indigenous students in the undergraduate program** at the College of Nursing who are facing an unexpected financial hardship.

Students can apply for financial support by filling out the attached application form. Funds are disbursed based on urgent financial need.

Contact Information					
Name					
Home Mailing Addres	s				
NSID					
Phone Number					
USask E-Mail Address	s				
Program & Year in Program	ogram				
Employment Status:					
Full-time	Part-time	Casual No	t employed	employed	
Are you currently receive	ring any scholarsh	ips or bursaries?	Yes	No	
Are you currently receive	ring any student lo	ans?	Yes	No	
Are you currently receiving any subsidies, such as daycare or rental subsidies			? Yes	No	
Are you currently receiv	ving band funding?		Yes	No	
Loan Information					
Please describe your reasons for applying to the emergency fund for Indigenous students:					
Please list the expens	e(s) and amount	s) for which you are requesting a	ssistance:		

Within what time frame would you benefit from this assistance?				
December				
Payment				
If approved, how do you prefer	to receive payment?			
☐ Direct Deposit				
□ Other:				
Agreement and Signature				
By submitting this application, I	affirm that the facts set forth in it are true and complete.			
Name (printed)				
Signature				
Date				

Applications are accepted all year. E-mail your application form to nursing.awards@usask.ca.