



Financial Aid Office,  
Office of the Registrar  
financialaid@nosm.ca  
(807) 766-7474

## Emergency Fund Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Campus: \_\_\_\_\_ Student #: \_\_\_\_\_ Year: \_\_\_\_\_

Name of spouse and dependents: \_\_\_\_\_

Did you receive NOSM U Bursaries this year?	YES NO	Have you applied for OSAP or Out of	YES NO
	<input type="checkbox"/> <input type="checkbox"/>	Province Student Assistance Program?	
Have you worked with a Learner Affairs Officer?	<input type="checkbox"/> <input type="checkbox"/>	Have you applied for Emergency	<input type="checkbox"/> <input type="checkbox"/>
Which LAO did you work with? _____		funding before? Date: _____	

### Other Income

Select all that apply:

Maternity leave ☐

I am working/employed ☐

Spouse income ☐

Unemployed/Laid off ☐

Remaining Line of Credit: \_\_\_\_\_

Total Debt (Student Loan + LOC): \_\_\_\_\_

Amount requesting and reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information on my application may result in my ineligibility.*

FAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_