



Graduate Students' Association

Local 78, Canadian Federation of Students

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GSA DENTAL GRANT APPLICATION FORM

Funded and Administered by GSA Carleton Inc

The Dental Grant is created with the understanding that graduate students are sometimes faced with significant dental expenses. The Dental Grant is designed to assist graduate students in off-setting the cost of **urgent** and **necessary** dental repairs or other dental services, which are covered at less than 50% by the member's dental insurance plan(s).

TERMS AND CONDITIONS

1. Dental Grants may be awarded to a maximum of \$500 per student (including dependent(s) as defined under the GSA's dental insurance plan) each policy year. The amount awarded will not exceed 50% of the graduate student's total dental expenses, including the portion reimbursed under the dental insurance plan.
2. Dental Grants will be awarded on a "first come, first served" basis until the budgeted fund is depleted.
3. Each graduate student applying for the Dental Grant must submit a completed Dental Grant application form, as well as documentation from their dentist as well as documentation of any other dental coverage. In addition, the applicant is required to demonstrate financial need by providing either a statement of financial need or a personal budget.
4. Dental expenses must have been incurred in the same fiscal year (May 1st to April 30th) as the application. Applications for dental work performed in a given year will be accepted until May 31.
5. Dental Grants will be awarded on a case-by-case basis by the VP Finance or designate.

Note: *The amount awarded via GSA Dental Grants will **not** exceed 50% of the graduate student's **total** dental expenses (including any reimbursements from GSA Dental Plan (CAR), other dental coverage, or CUPE 4600 coverage (CTA). Often, the amount granted will be considerably less than 50% of total dental expenses, as the goal is to bring coverage up to the 50% level on the specific procedures in question.*

THIS BOX FOR OFFICE USE ONLY:

| | | | |
|-----------------------|------------------------------|-------------------------------|-------------------------|
| NAME | | DG-18- | |
| CONTACT DATE | METHOD | COMMENTS | |
| | | | |
| | | | |
| | | | |
| | | | |
| DATE RECEIVED | REVIEWED BY OA / DATE | REVIEWED BY VPF / DATE | DECISION: YES NO |
| AMOUNT AWARDED | COMMENTS | | REQUISITION # |

This page to be completed by the student. Please print legibly!

PERSONAL INFORMATION

| | |
|-------------------------|----------------|
| SURNAME | GIVEN NAME(S) |
| RELATIONSHIP TO STUDENT | STUDENT # |
| DEPARTMENT | DEGREE PROGRAM |
| LOCAL STREET ADDRESS | CITY |
| PROVINCE | POSTAL CODE |
| PHONE | |
| EMAIL ADDRESS | |

NATURE OF THE DENTAL WORK AND CIRCUMSTANCES

Please provide a detailed explanation.

ELIGIBILITY

I am currently a member of CUPE 4600 (i.e. teaching assistants, contract instructors, and some research assistants.)

Yes / No

If yes, you must first make a claim for your employee benefits through either the TA plan with Green Shield (CTA) or your CI benefits. Contact CUPE 4600 office at 511A UC or cupe4600.ca or 613-520-7482 for more information.

REQUIRED DOCUMENTATION

At statement of benefits (CAR) from Green Shield Canada, or your alternate insurance company stating how much of the dental work they have covered. This is required even if the coverage is \$0.

Amount
\$ _____ []

Documentation of any other dental coverage like TA coverage (CTA). This is required even if the coverage is \$0.

Amount
\$ _____ []

Letter from the dentist, confirming that the dental procedure is **urgent** and **necessary**.

[]

Statement of financial need **or** a personal budget.

[]

Statement of financial need.

| EXPENSES | REVENUE |
|--|---|
| <i>Estimated per semester</i> Tuition Fees \$ _____ Books & Supplies \$ _____ Rent \$ _____ Food \$ _____ Clothing \$ _____ Transportation \$ _____ Other Expenses \$ _____ TOTAL EXPENSES \$ _____ | <i>Estimated per semester</i> Savings \$ _____ TA/RA/Sessional \$ _____ Parental Aid \$ _____ Fellowships \$ _____ Scholarships \$ _____ OSAP/Other Loans \$ _____ Other Revenue \$ _____ TOTAL REVENUE \$ _____ |
| <i>DETAILS OF THE EXPENSES</i> | <i>DETAILS OF THE FUNDING</i> |

I understand the terms and conditions of this dental grant as outlined above. The information on this application and in the documentation I have provided is true and correct to the best of my knowledge.

SIGNATURE
