



**Graduate Students'
Association**
Local 78, Canadian
Federation of Students

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GSA FAMILY LEAVE GRANT APPLICATION FORM

Funded and Administered by GSA Carleton Inc.

Please print legibly!

SURNAME		GIVEN NAME	
STUDENT #			
DEPARTMENT		DEGREE PROGRAM	
LOCAL STREET ADDRESS			
CITY		POSTAL CODE	
PHONE		ALTERNATE PHONE	
EMAIL ADDRESS			

THIS BOX FOR OFFICE USE ONLY:

NAME			FG17-
CONTACT DATE	METHOD	COMMENTS	
DATE RECEIVED	REVIEWED BY OA / DATE	REVIEWED BY VPF / DATE	DECISION: YES NO
AMOUNT AWARDED	COMMENTS		REQUISITION #

GSA FAMILY LEAVE GRANT APPLICATION

The GSA Family Leave Grant is designed to provide financial support for full-time and part-time Masters and PhD students who require academic leave for parental leave or other family related issues. Only those students that were granted academic leave for parental/family related issues are eligible to apply for the Family Leave Grant. To be considered for the grant, applicants must demonstrate financial need, and proof of registration for two terms prior to the start of the leave.

The GSA Family Leave Grant is for a one-time amount of \$1,500.

- Applications will not be processed until all required documentation has been received. Photocopies are acceptable, since documentation will not be returned.
- Students will be deemed ineligible for this grant where:
 - They are receiving Tri-Council paid parental leave.
 - They are receiving CUPE 4600 paid parental leave.
 - They are receiving Employment Insurance maternity or parental leave benefits.
 - They have previously received this grant or a GSA Emergency Grant **for the same family related purpose.**
 - They cannot demonstrate financial need.
- The complete rules and regulations governing this grant are available on request.

You must provide the following documentation:

**Check if
Attached**

DOCUMENTATION

A completed and signed copy of this application form.	[]
Written approval of request for family leave by the student's department and the Faculty of Graduate and Postdoctoral Affairs.	[]
Proof of registration for two terms prior to the start of the leave.	[]
Any relevant documentation pertaining to the request for family leave.	[]

PERSONAL BUDGET

****include partner/spousal revenue, if applicable**

EXPENSES	REVENUE
<i>Estimated per semester</i>	<i>Estimated per semester</i>
Tuition Fees \$ _____	Savings \$ _____
Books & Supplies \$ _____	TA/RA/Sessional \$ _____
Rent \$ _____	Tri-Council Aid \$ _____
Food \$ _____	EI Benefits \$ _____
Clothing \$ _____	CUPE 4600 Aid \$ _____
Transportation \$ _____	Fellowships \$ _____
Other Expenses \$ _____	Scholarships \$ _____
TOTAL EXPENSES \$ _____	OSAP/Other Loans \$ _____
	Other Revenue \$ _____
DETAILS OF THE EXPENSES	TOTAL REVENUE \$ _____
	DETAILS OF THE FUNDING

CIRCUMSTANCES AND PROPOSED USE OF THE FAMILY LEAVE GRANT

Please provide a detailed explanation

I understand the terms and conditions of this Family Leave 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 and accurately reflects my situation.



SIGNATURE

DATE

