



# 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).

## Graduate Students' Association

Local 78, Canadian Federation of Students

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Ottawa ON K1S 5B6

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### TERMS AND CONDITIONS

1. Dental Grants may be awarded to a maximum of \$700 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 1<sup>st</sup> to April 30<sup>th</sup>) 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:

<b>NAME</b>		<b>DG-19-</b>	
<b>CONTACT DATE</b>	<b>METHOD</b>	<b>COMMENTS</b>	
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

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**NATURE OF THE DENTAL WORK AND CIRCUMSTANCES**

*Please provide a detailed explanation.*

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**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.

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

*Personal budget sample.*

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**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.**

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SIGNATURE

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