



Graduate Students' Association
Local 78, Canadian Federation of Students

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GSA HEALTH LEAVE GRANT APPLICATION FORM

Funded and Administered by GSA Carleton Inc

The GSA Health Leave Grant is designed to provide financial support for full-time or part-time Masters and PhD students who require academic leave for mental or physical health reasons. Only those students that were granted academic leave for mental or physical health issues are eligible to apply for the Health Leave Grant. To be considered for the grant, applicants must demonstrate financial need.

TERMS AND CONDITIONS

Applicants must provide the following documentation:

1. A completed and signed copy of the GSA Health Leave Grant application form;
2. Written confirmation from the FGPA that they require a leave of absence for health reasons;
3. Proof of registration for two terms prior to the start of the leave;
4. Any relevant documentation pertaining to the request for health leave.

The GSA Health Leave Grant application form shall contain the following information:

1. Identification information, including proof of status as a graduate student;
2. Estimated expenses for the semester;
3. Estimated revenue for the semester;
4. Partner/spousal income, if applicable;
5. Proposed use of the Health Leave Grant

Applicants will be deemed ineligible if:

1. The applicant cannot provide the documentation listed above

Applications shall be administered by the Vice-President Finance, and shall be approved by the Vice-President Finance and one other executive member.

THIS BOX FOR OFFICE USE ONLY:

NAME		DG-19-	
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	

The GSA Health Leave Grant is for a one-time amount of \$1500.00.
Applicants will not be processed until all required documentation has been received.
Photocopies and scans are acceptable.

Proposed Use of the Health Leave Grant

Checklist

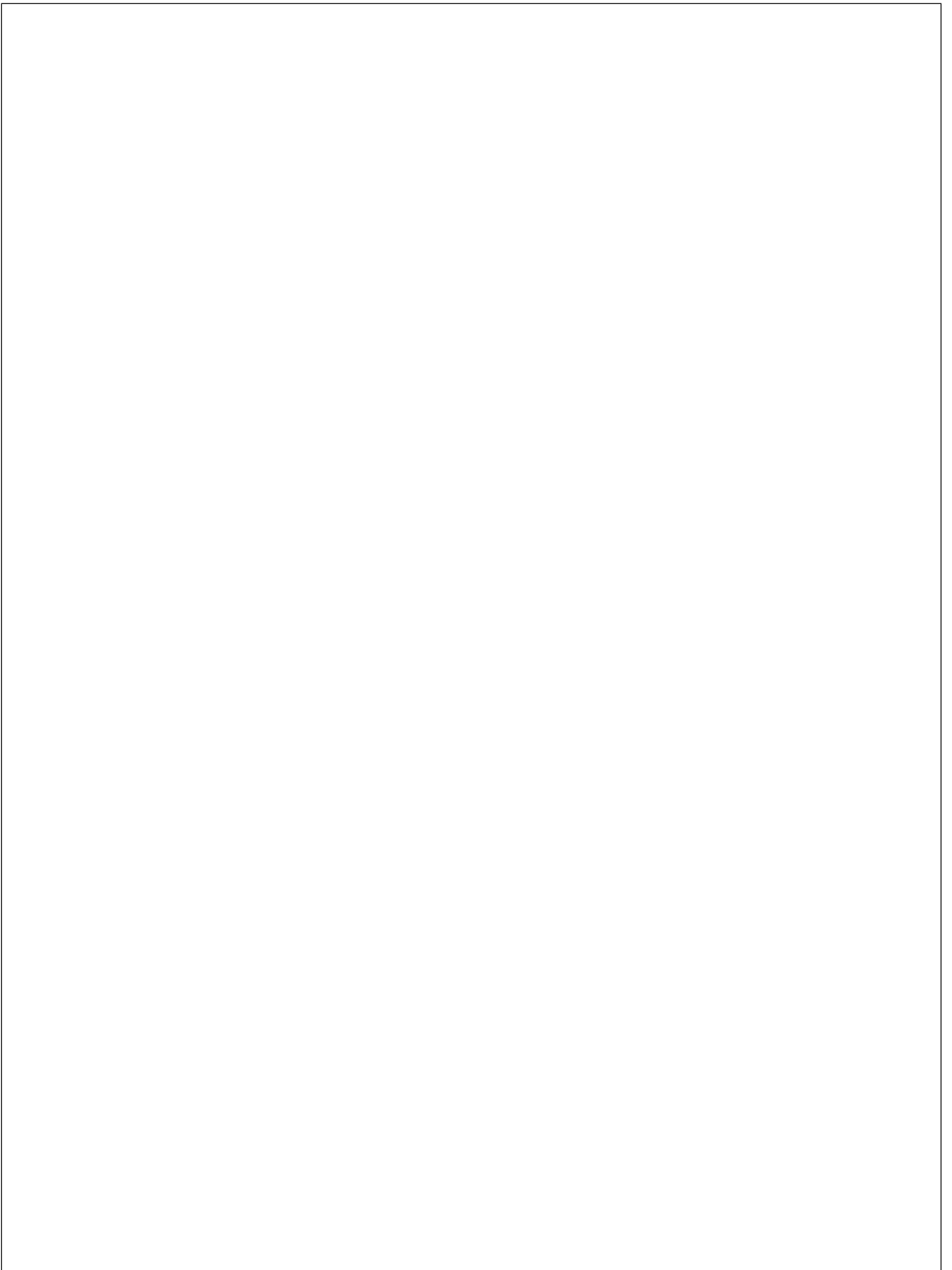
Check if Attached

Written confirmation from the FGPA that they require a leave of absence for health reasons.

Proof of registration for two terms prior to the start of the leave.

Personal budget.

Note: The GSA Health Leave Grant is for a one-time amount of \$1500.00. Applicants will not be processed until all required documentation has been received. Photocopies and scans are acceptable.



EXPENSES	REVENUE
<p><i>Estimated per semester</i></p> <p>Tuition Fees \$ _____</p> <p>Books & Supplies \$ _____</p> <p>Rent \$ _____</p> <p>Food \$ _____</p> <p>Clothing \$ _____</p> <p>Transportation \$ _____</p> <p>Other Expenses \$ _____</p> <p>TOTAL EXPENSES \$ _____</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>TOTAL REVENUE \$ _____</p>
<p><i>DETAILS OF THE EXPENSES</i></p>	<p><i>DETAILS OF THE FUNDING</i></p>

Personal budget sample.

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
