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KSA Extended Health & Dental Hardship Bursary Application

Personal Information - Please Print					
Name:	Student #:				
Phone #:	Degree Program:				
Year of Study:	Email:				
Address:	Postal Code:				
Purpose					
experiencing financial hardship that in financial hardship or a significant personability of the subsidy of the final date for application subsplications. Funding for these subsidies is limited subsidy, and applicants may receive a the KSA Health & Dental plan to be elements.	tlen students, the KSA offers a subsidy to KSA members who are impedes their access to education. If you are able to demonstrate sonal obligation, you may be eligible to receive a Family Add-on (\$80), a Dental subsidy (\$110), or a full Health & Dental subsidy (\$190). Ibmission passes, the KSA Bursary Committee will review all a partial or full subsidy. Please note that students must be eligible for igible for the Health & Dental subsidy. Only successful applicants will que that will be mailed to the address provided one month after the				
Financial Hardship					
	ving boxes that applies to your situation. You will also need to attach on to submit with your application form. Personal statements must be in order to be considered. Please include a brief written statement detailing your situation, evidence of any outstanding debts, including student loan "Notice of Assessment," private loan contracts, "line of credit" statements, income tax assessments, and/or credit card statements.				

Proo	f Of Eli	Personal Obligation gibility	persona Dental	al circu plan. F	de an explanation of why your familial obligations or umstances prevent you from using the Health & Please include supporting documents such as copies receipts or medical certificates.			
ensur Eligib 1. Acc 2. Clic 3. Clic	re the modelity Pago cess myk ck Studeo ck Regist	onths of the current sements, you must: wantlen.ca nt Menu	ester are	e inclu	be included in your application. When printing, please ided in the printed screen. To find your Health & Dental that the printed screen is shown that must be printed			
Select which subsidy you wish to be considered for:								
	Full I	Health & Dental Subsidy (\$190)		Health Only Subsidy (\$80)			
Lhava		ly Add-on Subsidy	.		Full Dental Subsidy (\$110)			
nere	Peby certify that I have read the instructions outlined above and have included the following items: Personal statement detailing the situation in the context of either financial hardship or personal obligation.							
	Supporting documents as outlined under financial hardship or personal obligation. Printed copy of your Health & Dental Eligibility for the semester.							
	I am applying for a financial hardship subsidy because of one or more of the above reasons. I understand that if my application is incomplete, my application will not be processed. I also understand I may not receive the subsidy simply by applying for it.							
Stude	ent Sign	ature		-	Date			
		provided on this form will be be kept on record for one full	•		al and will be used solely for processing the application. The ng destroyed.			
		mit Application ways to submit this appli	ication:					
	us, or di	u may drop off your appli rectly to our main office i ou may mail your applica	in Surre	•	son to any KSA Health & Dental office located on each			

Room 1265 KSA Benefit Plan Office Kwantlen Polytechnic University 12666 72nd Avenue, Surrey, BC V3W 2M8