

Indigenous Students' Union

ChildCare Subsidy Application Form



SECTION 1 – PERSONAL INFORMATION

Last Name:		First Name:	Middle Name:
Date of Birth: (MM/DD/YYYY)			
Unit:	Mailing Address:		City or Town:
Province:	Postal Code:	Phone Number:	
Email Address:			
Campus: (Ex. Main)	Faculty:	Program Name: (Ex. Major/Minor)	
Student ID:	Registration Status: (Full-time/Part-time)	Undergraduate: Yes No	
When did/will you start your program (MM/DD/YYYY)?		When will you finish your program (MM/DD/YYYY)?	
When do your studies begin for this academic year (MM/DD/YYYY)?		When do your studies end for this academic year (MM/DD/YYYY)?	
Are you First Nations, Métis, or Inuit: Yes No		Please attach a copy of your proof of Indigenous ancestry to your application email.	
Have you previously applied and/or received this subsidy: Yes No		Can we keep your statistic information for advocacy and funding purposes: Yes No	

SECTION 2 – DOCUMENTATION

To ensure that Child Care Subsidies are granted to UofA undergraduate students, we ask that you send us your unofficial transcript to Indigenous.su@ualberta.ca

SECTION 3 – DEPENDENT CHILD(REN)

First Name:		Last Name:	Middle Name:
Date of Birth: (MM/DD/YY)	Age:	Does this child reside with you? Yes No	
First Name:		Last Name:	Middle Name:

Date of Birth: (MM/DD/YY)	Age:	Does this child reside with you? Yes No
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First Name:	Last Name:	Middle Name:
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Date of Birth: (MM/DD/YY)	Age:	Does this child reside with you? Yes No
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First Name:	Last Name:	Middle Name:
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Date of Birth: (MM/DD/YY)	Age:	Does this child reside with you? Yes No
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SECTION 4–PERSONAL NARRATIVE

If there's anything you would like us to know or consider when distributing your funding please let us know.

SECTION 5–SUBSIDY DISBURSEMENT

If granted the Child Care Subsidy, we will notify you. Please pick up promptly once notified. For each semester there will be a lump given. If this amount is insufficient or you would like the executives to consider the amount given please email us at Indigenous.su@ualberta.ca

SECTION 6–DECLARATION

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offenses and may result in the cancellation of this application and prosecution under the Criminal Code of Canada. By this declaration, I give my expressed consent to the disclosure of falsified information or misrepresentation to the University of Alberta.

Signature of Applicant:	Date:
Executive Member Witness Signature:	Date: