

# Ministry of Advanced Education COVID-19 Request for Emergency Aid

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SIN#: \_\_\_\_\_

Email: \_\_\_\_\_

Aboriginal Ancestry:  Yes  No Youth-In-Care Tuition Waiver Recipient:  Yes  No

Explain why you are applying for Emergency Aid:

What circumstances have caused you to be in an emergency financial need?

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What is your main source of household income?

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What are your secondary sources of household income?

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What steps have you taken to address and/or try to solve this situation?

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How will receiving Emergency Aid improve your current situation?

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I understand by signing below it means:

1. I certify all information provided on this form is complete and accurate;
2. I am a registered student at NVIT;
3. I will notify NVIT, in writing, of any changes in my address, academic status, financial status, marital status or in the financial status of my spouse or common law partner;
4. The information will be used solely for the purpose of verifying information associated with this Emergency Aid Request

Signature: \_\_\_\_\_ Date: \_\_\_\_\_