PLEASE NOTE: This is a sample form; not an application form. Applications must be filled out online using the form available through the link at the bottom of the GSA Child Care Grant webpage. The link is ONLY available when the grant is open and accepting applications; the link does not appear when the grant is closed.

GSA Child Care Grant Application

The Graduate Student Support Fund (GSSF) fund is a benefit to all graduate students, provided by the Graduate Students' Association (GSA) through negotiations for the Collective Agreement covering a graduate students assistantships. The GSA Child Care Grant, provided from the GSSF, helps offset the cost of child care for graduate students at the University of Alberta.

The following personal information is being collected under the authority of Section 13(1) of the Alberta Personal Information Protection Act (PIPA) to assess your application.

If you have any questions contact the GSA Grants Specialist by e-mail at: gsa.grants@ualberta.ca or by phone at: (780) 492-2175.

Your email address (gsagrant@ualberta.ca) will be recorded when you submit this form. Not gsagrant? Sign out

* Required

Untitled section

Personal Information

1. Student ID Number *
   7 digits

2. First Name *

3. Last Name *

4. Date of Birth *

   Example: December 15, 2012

5. University of Alberta Email Address *

Academic Information


6. **Degree Program** *
   *Mark only one oval.*
   - PhD
   - Thesis-Based Masters
   - Course-Based Masters

7. **Department** *

8. **Student Status** *
   *Mark only one oval.*
   - Full-Time
   - Part-Time

**Employment Information**

9. **Are you employed outside of your graduate program?** *
   *Mark only one oval.*
   - Yes
   - No

10. **If Yes, what is your primary place of employment?**

11. **If Yes, on average how many hours do you work per week?**

**Spouse/Partner Information - If Applicable**

12. **First Name**

13. **Last Name**
14. **Student Status**  
*Mark only one oval.*
- [ ] Full-Time
- [ ] Part-Time
- [ ] Not a student

15. **Is your spouse/partner employed?**  
*Mark only one oval.*
- [ ] Yes
- [ ] No

16. **If Yes, where do they work?**  
____________________________________________________

17. **If Yes, on average how many hours do they work per week?**  
____________________________________________________

18. **Please specify information entered for 'Other' if applicable**  
____________________________________________________  
____________________________________________________  
____________________________________________________  
____________________________________________________  

**Gross Yearly Household Income**

Please provide your gross yearly household income based on the previous 12 months from date of application. For example, if you are applying in February 2016, please provide 12 months of income from February 2015 to January 2016.

Please enter 0 (zero) for any not applicable lines.

19. **Line 1 - Assistantships (TA/RA) ***  
____________________________________________________

20. **Line 2 - Scholarships ***  
____________________________________________________
21. Line 3 - Bursaries *

22. Line 4 - Spouse/Partner Income *
   This can include TA/RA and Scholarship information, employment income, or maternal/paternal leave payments

23. Line 5 - Child Tax or Child Care Benefits/Children's Benefit (CCB) *

24. Line 6 - Child Support/Alimony *

25. Line 7 - Other Income *

26. Please specify Other Income if applicable
   Please list other income sources included in the above category.

27. Line 8 - Subtotal Income *
   Sum of Lines 1 - 7

28. Line 9 - Amount of Tuition Paid *
   Include all tuition paid over the past twelve months. If you pay your own tuition for yourself and/or your spouse/partner, enter the amount here. If your tuition is paid by another party, enter 0 (zero).
29. **Line 10 - Total Income**
   Subtotal Income minus Amount of Tuition Paid (Line 8 minus Line 9)

**Names and Ages of All Children**

All dependent children under the age of eighteen (18) are eligible. We request information on all children to calculate household size.

If you have more than five children, please email gsagrant@ualberta.ca

30. **Name of First Child**

31. **Age of First Child**

32. **Name of Second Child**

33. **Age of Second Child**

34. **Name of Third Child**

35. **Age of Third Child**

36. **Name of Fourth Child**

37. **Age of Fourth Child**

38. **Name of Fifth Child**
39. **Age of Fifth Child**

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**Applicant's Declaration (Please Read Carefully)**

By clicking "I Agree" you acknowledge that you have read and accept the Child Care Grant Application Policy.

You also declare that the information you have given on this application is true and complete. You understand that giving false information or incomplete information, or not advising of any changes in circumstances may result in your having to repay the grant that you have received. You understand that you may be required to provide additional information in order to confirm you eligibility for the GSA Child Care Grant.

40. *  

*Check all that apply.*  

- [ ] I Agree

41. **Applicant's Name** *

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If you have any questions contact the GSA Grants Specialist by e-mail at: gsa.grants@ualberta.ca or by phone at: (780) 492-2175.

A copy of your responses will be emailed to gsagrant@ualberta.ca