

# 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](mailto:gsa.grants@ualberta.ca) or by phone at: (780) 492-2175.

\* Required

1. Email address \*

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Untitled section

## Personal Information

2. Student ID Number \*

7 digits

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3. First Name \*

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4. Last Name \*

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5. Date of Birth \*

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*Example: January 7, 2019*

6. University of Alberta Email Address \*

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**Academic Information**

7. Degree Program \*

*Mark only one oval.*

- PhD
- Thesis-Based Masters
- Course-Based Masters

8. Department \*

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9. Student Status \*

*Mark only one oval.*

- Full-Time
- Part-Time

**Employment Information**

10. Are you employed outside of your graduate program? \*

*Mark only one oval.*

Yes

No

11. If Yes, list your employer.

\_\_\_\_\_

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

\_\_\_\_\_

Spouse/Partner Information - If Applicable

13. First Name

\_\_\_\_\_

14. Last Name

\_\_\_\_\_

15. Student Status

*Mark only one oval.*

Full-Time

Part-Time

Not a student

16. Is your spouse/partner employed?

*Mark only one oval.*

Yes

No

17. If Yes, list their employer.

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18. If Yes, on average how many hours do they work per week?

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19. Use this space if you would like to provide additional detail.

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### **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 2019, please provide 12 months of income from February 2018 to January 2019.

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

20. Line 1 - Income from your graduate program \*

Income as a Graduate Teaching Assistant (GTA), Graduate Research Assistant (GRA), or Graduate Research Assistant Fellowship (GRAF). Please list an annual amount.

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21. Line 2 - Income from outside of your graduate program \*

See the 'Employment Information' section above; list that amount here. Please list an annual amount.

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22. Line 3 - Income from Scholarships or Bursaries \*

Such as Tri-Council funding (CIHR, NSERC, or SSHRC), funding from your home country, or a recruitment scholarship. Please list an annual amount.

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23. Line 4 - Spouse/Partner Income \*

This can include GTA/GRA/GRAF and scholarship information, employment income, or maternal/paternal leave payments. Please list an annual amount.

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24. Line 5 - Child Tax or Canada Child Benefit (CCB) \*

Please list an annual amount.

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25. Line 6 - Other Income \*

Any other income not covered by the categories above, \*\*INCLUDING CERB or any other COVID-19 related support. Please list an annual amount.

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26. Please specify Other Income if applicable

If you listed an amount in the previous line, please provide a brief description here.

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27. **Line 7 - Subtotal Income \***

Sum of Lines 1 - 6

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28. **Line 8 - 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).

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29. **Line 9 - Total Income \***

Subtotal Income minus Amount of Tuition Paid (Line 7 minus Line 8)

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**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 [gsa.grants@ualberta.ca](mailto:gsa.grants@ualberta.ca)

30. **Name of First Child \***

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31. **Age of First Child \***

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32. **Name of Second Child**

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33. Age of Second Child

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34. Name of Third Child

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35. Age of Third Child

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36. Name of Fourth Child

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37. Age of Fourth Child

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38. Name of Fifth Child

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39. Age of Fifth Child

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SAMPLE

**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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