

# Student Opportunity Grant Application



Please submit completed applications to the HIVE. Questions can be directed to [brfindaid@uwo.ca](mailto:brfindaid@uwo.ca).

For more information regarding this grant fund, please see the Brescia University College Students' Council Grant Fund Policy posted on [bucsc.ca](http://bucsc.ca).

## Contact Information

Name	
Street Address	
City, Province, Postal Code	
UWO Email	
Student Number	
Social Insurance Number (SIN)	
Amount of Funding Requested	

## Qualifying Opportunities

What are you planning to use the grant funding for?

- ☐ Application Fees (ie. graduate school applications, police clearance, etc.)
- ☐ Additional Certifications (ie. Food Handler's Certificate, First Aid/CPR certification, etc.)
- ☐ Mental Health Initiatives (counselling, psychotherapy, etc.)
- ☐ Conference Fees (**Excludes** transportation fees or hotel costs)
- ☐ Tutoring services
- ☐ Professional resources (ie. business card printing, etc.)
- ☐ Opportunities to Participate (ie. Brescia Ball, Orientation Week, campaigning costs for Students' Council or clubs' positions, Soph fees, etc.)

## Description of the Opportunity

Provide a description of the opportunity and why you are pursuing it.

### Reasons for Applying to Grant

Why are you applying to this grant to help fund your opportunity?

### Other Sources of Funding

What other sources of funding have you already pursued to fund this opportunity?

### Proof of Costs

Please attach related documentation that supports the costs of the opportunity.

### Mandatory Declaration and Signature

1. The information contained in this application is complete and true in all respects. Failure to provide complete accurate and updated information may preclude the applicant from receiving assistance now or in the future and may also result in the original decision being recanted. I am responsible for notifying, in writing, the Business Office of any changes to my application. 2. If any information is found to be untrue, I agree to pay back any funds I have received as a result of the application. 3. I hereby authorize the Business Office or other representative of Brescia University College to conduct an investigation to audit and verify the information provided in this application and/or accompanying documentation, and we release the rights that we may otherwise have with respect to confidentiality of the information supplied, as may be required by Donors and/or the College. 4. I am aware that communication of any decision resulting from this application will be done via my UWO email address.

I declare I have read and understand the above.

Name (printed)	
Signature	
Date	