



CSC STUDENT EMERGENCY FOOD BANK APPLICATION FORM

For statistical purposes, please select one of the following	owing:				
I am a Domestic Student $\ \Box$	I am an International Student $\ \Box$				
	College has an EMERGENCY food bank for currently attending, /e can provide several days' worth (one bag) of non-perishable				
This service is not meant to supplement OSAP, Bi-Mo assist students in the rare times when resources or	onthly GIC installments or personal budgets, but rather to funds for food are unavailable				
the <u>entire</u> application form (this is best done on a la Once completed, you MUST upload both the Letter to the EmailMeForm , found on the website, prior to reviewed, you will receive an email to indicate the scompletely and properly, it may delay the process.	service MUST reside in the North Bay area, and MUST fill out ptop or desktop computer), including the budget section . of Acknowledgment and the <u>fully completed</u> Application form attending the Food Bank. After the application has been tatus of the application. If the application is not filled out should your application be accepted, you will be sent a time mergency food rations. You must attend in person and present				
operation, which are as follows: Monday to Friday, 1	hree times per semester, during the regular hours of .0:00 AM to 2:00 PM. The Food Bank will be closed on statutory change due to staffing shortages or meetings, and will be				
Note: The frequency of visits permitted, and/or the	amount of food given out are subject to change based on the				
inventory available and the volume of clients access	sing the Student EMERGENCY Food Bank.				
In continuing with this application, I verify that I und information on this form, I will no longer be able to	erstand the information above, and that if I provide any false access the CSC Student Emergency Food Bank.				
I have read and agree with the information above.	Yes No				
I have also read, signed and returned the Canadore Student EMERGENCY Food Bank Letter of Understanding. Yes \Box No \Box					
Last Name	First Name				
Student Number	Email Address				
Campus (CD, CC, AV, Online)	Program & Year of Study (1st, 2nd, 3rd, 4th year)				
Please select one of the following: I live in a Canadore Residence building □ I live i	n off-campus housing				





First Semester of Study (Please check the box that corresponds to 1st semester of your studies):						
	Fall	Winter □	Spring □			
I am registered as a full-tim			No			
If no, are there accommoda	itions in place? Yes	□ No □				
I have visited another Food	Bank within the last mont	th: Yes □	No □			
If Yes, Date & Location:						
BUDGET SECTION						
Domestic students who are in all sections of this application		•		nding, must complete		
International students in their first year, as required by the Canadian Government, must have a GIC or bank account showing a balance of \$10,000 in order to study in Canada. Students must include the monthly or bi-monthly disbursements received from the GIC, and any other income received, on this application.						
Note: If there are extenuating circumstances in your particular situation regarding funds such as GICs and Education Loans, please reach out to the International Office for support.						
INCOME/RESOURCES FOR SC	HOOL YEAR/TERM					
Bank Balance for the school (you may be asked for a ba	•	amount)		\$		
Family Contribution to Edu	cation			\$		
Guaranteed Investment Co	ertificate (GIC)/Education Lo	oan		\$		
Bank Loan/Line of Credit				\$		
Spouse's Gross Income du	ing your academic year	\$	x8 months =	\$		
Part-time Employment (du	iring academic year)	\$	x 8 months =	\$		
Government Income – El, CPP, Second Career, Child		ODSP,	x 8 months =	\$		
OSAP (or other Provincial)	loan/grant for this academi	ic year		\$		
Bursaries or Scholarships f	or this academic year			\$		
Other Income (please spec	ify)			\$		

TOTAL INCOME/RESOURCES





LIVING EXPENSES FOR SCHOOL YEAR/TERM	
Tuition	\$
Books and Equipment	\$
Rent/Mortgage/Residence Fee	\$ x 8 months = \$
Food/Personal (ie. toiletries)	\$ x 8 months = \$
Basic Telephone/Internet	\$ x 8 months = \$
Heating/Electricity	\$ x 8 months = \$
Child Care (unsubsidized)	\$ x 8 months = \$
Transportation (<u>Do not</u> include vehicle payments, insurance or maintenance)	\$ x 8 months = \$
Medical/Dental (your costs-must attach copy of bill)	\$ x 8 months = \$
Clothing/Laundry	\$ x 8 months = \$
Entertainment	\$ x 8 months = \$
Other (please specify)	\$ x 8 months = \$
	TOTAL EXPENSES \$
Subtract total expenses from total incom	e/resources = <u>NET INCOME \$</u>
<u>DECLARATION</u>	
I certify that I have read the application thoroughly and that form is true and honestly represents my current financial sign	
Signature	Date





I would prefer to access this service at the following:						
College Drive Campus □	Commerc	e Court Campus 🛚	Aviation Campus			
NOTE: You must bring your own reusable	shopping bag o	r box to collect your items				
guarantee we will always be able to do		ovided below. We will tr	y our best to accommodate these but cannot			
(Food allergies, vegetarian, vegan, etc.)						
I have signed and uploaded the Canadore Student EMERGENCY Food Bank Letter of Acknowledgment to the EmailMeForm found on the Canadore Students' Council website.						
	Yes	No				
**Please note that your application cannot be processed without the Letter of Acknowledgment. Both documents MUST be uploaded to the EmailMeForm.						