

# Emergency Assistance Application



Name of the programme you are enrolled in:

Campus location:

Christchurch

Timaru

Ashburton

Oamaru

## PLEASE READ THIS INFORMATION CAREFULLY.

The purpose of the Ara Emergency Assistance Grant is to support fully enrolled students whose continued study would be threatened by unanticipated financial circumstances. Assistance required must be for less than \$100.

To be eligible for this grant you must meet all of the following conditions:

- |  |     |    |
|--|-----|----|
| • I have exhausted all other means of obtaining assistance before applying (i.e. StudyLink, WINZ, savings, overdraft, family etc). | Yes | No |
| • I am a New Zealand citizen or permanent resident at the time of application.   | Yes | No |
| • Have good attendance in your programme of study (this will be checked).  | Yes | No |
| • My application will not be considered if received within <b>seven (7) days of the course end date.</b>                           | Yes | No |

## Personal Details

Student ID number

Surname or family name

Given name(s)

Address

Telephone

Home

Mobile

Email

Date of Birth

Citizenship

New Zealand Citizen

New Zealand Permanent Resident

Other

Ethnicity

Iwi

Marital status

Single

Married

De Facto

Do you live alone?

Yes

No

Dependent children

No

Yes

If yes, list their ages

*(Children you are financially responsible for)*

## Financial situation

Do you have a student loan this year from StudyLink? Yes No

Have you applied for an allowance or loan (for living costs) including course related costs from StudyLink? Yes No

Do you currently have regular paid employment? Yes No

Considering your course commitments, do you intend looking for work? Yes No

What financial support are you able to obtain from your parents or relatives?

What amount are you seeking from the Ara Emergency Assistance Grant?

Please tell us about your current needs.

Are you attending classes regularly and are your assessments up to date?

### Checklist

I have completed and signed the application form.

I have provided up-to-date evidence of the balances of all my bank accounts (including my partner if applicable).

Please see Student Support at your campus or email: [studentsupport@ara.ac.nz](mailto:studentsupport@ara.ac.nz), phone 0800 24 24 76.

**I hereby declare that the information that I have given is true and correct; no information which could have a material bearing on my application has been withheld. I understand the making of a false declaration is an offence under the Crimes Act 1961.**

**The personal information you provide on this application is protected by the Privacy Act 2020.**

It will not be used for any purpose other than assessing your eligibility for an Ara Emergency Assistance Grant and for compiling statistics.

Signed

Date