



B108 Wentworth House, McMaster
University, Hamilton, ON, L8S 4K1
Phone: (905) 525-9140 ext. 24003
Email: cupe3906@mcmaster.ca
Fax: (905) 525-3837
Website: www.cupe3906.org

Hardship Fund Application

The CUPE 3906 Hardship Fund is dispensed from funds provided to the Union by the University as outlined in the current Collective Agreement (p. 25).

All members of CUPE Local 3906 Unit I and Unit II are eligible.

In the interest of awarding monies to the largest number of members, **the maximum normal award is \$500.00 per year. Exceptions may be made at the discretion of the executive.** The award is subject to the availability of funds.

Applications for amounts up to \$300 will be assessed by the Benefits Committee. Applications in excess of this amount will also be assessed by the Executive Committee. Applications will be assessed on a case by case basis, as they are submitted.

Where applicable, receipts must be original and may be used once only. For travel expenses, copies of tickets or boarding passes are also required. At all times, confidentiality will be respected. Only members of the assessment committee(s) will have access to applications, and no copies will be made. Personal financial information will be destroyed after a period of one year.

Application Components:

Each application must include the following elements:

- ☞ A written explanation outlining the circumstances of the expenses incurred, including why they were necessary. Wherever possible, receipts must be provided.
- ☞ A written budget demonstrating the need for funds. In normal circumstances, this budget will be a breakdown of monthly income and expenses.

Eligible expenses may include emergency expenses resulting from theft, fire, or similar unexpected events. They may also include one-time expenses and short-falls, including costs incurred in vision, childcare, dental or health not covered by CUPE 3906 or other benefit plans.

Application (3 pages) follows.



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CUPE 3906 Hardship Application

Please type or print clearly.

Last Name: _____

Given Name(s): _____

Student/Employee No. _____ Phone: _____

Email address: _____

Mailing Address: _____



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Date funds required: _____

Total Claim: (max normal eligibility \$500) _____

Please provide a description of and explanation for expenses incurred. This should include a breakdown of expenses. (extra pages may be attached)



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Below is a sample budget template. It should be taken as a suggestion only. Please feel free to make any adjustments necessary, including the addition of expense categories. The budget should reflect **REGULAR** expenses. In addition, please itemize your bills.

Income (monthly)		Expenses (monthly)	
TA Wages	\$	Monthly Rent	\$
Scholarship/Bursary	\$	Bills (Hydro, Phone, etc) <i>Please itemize</i>	Bill #1 \$ Total \$
Other Income	\$	Education (Tuition, etc)	\$
	\$	Food/Clothing	\$
	\$	Entertainment	\$
	\$	Credit Card/Loan Payments	\$
	\$	Other Expenses	\$
	\$		\$
	\$		\$
Total	\$	Total	\$

I submit this claim as a member in good standing with CUPE Local 3906. I am aware that any false information given will result in my immediate disqualification from this benefit, and could result in further legal action.

Signature of Applicant

Date