



**Brandon University Students' Union
& Bailey's**



Gift a Meal Request Form

Privacy Statement

Personal information is collected for statistical purposes and will not be released, unless compelled by court order, legal proceeding, or otherwise required by law. The purpose of collecting the data is to show the need for this program. Please note that all information obtained for the purpose of stats is used for statistical purposes only, to track the use of services, for public awareness of the program and to improve our services in the future. Information is kept in a secure location and is only accessible by staff members providing services that require the information. All BUSU staff have signed confidentiality agreements and this matter is taken very seriously.

Agreement of terms and conditions

By signing this disclaimer, Students/ households/individuals/families hereby acknowledge and agree to the following:

1. Gift a Meal Vouchers **can only** be redeemed at Bailey's.
2. A valid Student ID **must** be presented at the time of receiving the voucher.
3. Students **can not** designate an alternate pick-up person to receive the voucher on behalf of the student.
4. If student's miss designated voucher dates for the month, students **will not** receive a new date.
5. Students must apply **each term** they are in need of assistance. Please note, you **may not** be accepted into the program every semester, as BUSU is aiming to help as many students as possible.
6. There is **NO** guarantee you will be accepted into the program.
7. Any aggression and/or abusive language towards BUSU and Bailey's staff **will not** be tolerated.

Dated at the City Brandon, in the Province of Manitoba this ____, day of _____, _____.
date Month year

Name of applicant (Please print): _____

Signature of applicant: _____

Brandon University Student's Union (BUSU) representative (Please print): _____

BUSU representative signature: _____

Gift a Meal Program Voucher Request Form

Primary Client Information (Please Print)

Last Name: _____ **First Name:** _____
Student ID #: _____ **Student Email:** _____
Phone Number: (_____) _____

Please check off ONE of the following:

- Single- parent/ guardian family
 Two parent/ guardian family
 Couple, no children
 Single person
 Other
 Decline to answer
 # of children if applicable _____

FINANCIAL INFORMATION: Please estimate expected resources and expected expenses for the total duration of the 2023-2024 school year.

Expected Income/Resource	Amount:	Expected Expenses	Amount:
Applicant Net Earnings (monthly)		Tuition and University Fees (Yearly)	
Government Income Assistance (monthly)		Childcare (monthly)	
Sponsorship Funding (monthly)		Rent/Mortgage Utilities (monthly)	
Parent's and/or Spouse Contribution (monthly)		Healthcare (monthly)	
Student Loans (Yearly)		Transportation (monthly)	
Scholarships (Yearly)		Internet/Cellular (monthly)	
Savings (Monthly)		Food & Household necessities (monthly)	
Other Income not listed above (Specify):		Other expenses not listed above (Specify):	
Total Resources:		Total Expenses:	

Academic Term requesting for:

- September-December
 January-April
 Applicants can only apply for 1 term at a time

Housing Type (Please check off ONE of the following):

- Own Home
 Private Rental
 Rooming House
 On Campus
 With family/friends
 Public Housing
 Other
 Decline to answer

Reason for Requesting Gift a Meal Program Voucher: (Please check all that apply)			
Low Wages/delayed wages		Unexpected expense	
Not enough work hours		Sickness/loss of loved one/Medical expense	
Unemployed/recent job loss		Natural Disaster (fire/flood)	
Social Assistance/benefits too low		Cost of Food	
Cost of housing (rent, mortgage)		Other	
Cost of Utilities (hydro, heat, water, gas)		Prefer not to say	

Office Use Only

Date: _____

Entered into System by (Initials): _____