

Food Support Fund Application

Your application is entirely confidential and will be anonymized by the PSAC901 office person before review.

The information provided will be used only to distribute the Food Support Fund or, in the event that applications exceed funds in an attempt, to determine where the need is greatest statistically and to inform future bargaining demands for Unit 1 and 2 members.

Funds are disbursed until depletion of the allocated emergency budget.

Last Name:	First Name	ə :		
Student/Employment ID #:				
Work Email:				
Non-Queen's Email:				
Study Status: (Please check all boxes that apply)				
PhD	Master's			
Teaching Assistant	Research Assistant	Teaching Fellow		
Department:				
Are you a Canadian/Permanent Resident or International Migrant student?				

Canadian Citizen/Permanent Resident

International Migrant Student

	you a member of any of the following equity seeking and/or under-serviced munities on campus? Please select all that apply.		
	2SLGBTQIA+ persons		
	Women		
	Racialized persons		
	Indigenous peoples		
	Persons with a disability		
	Migrant students		
	Primary caregivers (child/partner/family)		
	Other		
	Rather not say		
Wha	t is your household annual income (including funding packages)? \$18,000 and under		
	Between \$18,000 and \$25,000		
	Between \$25,000 and \$35,000		
	Between \$35,000 and \$45,000		
	Between \$45,000 and \$80,000		
	Over \$80,000		
	Rather not say		
How	many persons does this household income support?		
	2		
	3		
	4		
	5		
	6+		
	Rather not say		

What are your estimated annual household expenses?

To the extent that you of this support.	are comfortable please descri	be why you are a member in need
I declare all informatio complete. Yes No	n disclosed in my application	for food support is true and
Email your completed a	oplication to <u>staff.psac901@gma</u>	<u>ail.com</u> .