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Application Date:

REGULAR:	EDMONTON	Call	ipus Liie			
CUE CUPBOARD APPLICATION						
	APPLICANT IN	NFORMAT	TION:			
Name:						
Student ID Number:						
Phone:	Concordia emai	l:				
Home Address:	City:		Postal Code:			
Including yourself, how many people live in your household?						
Are you supporting only yourself or other family members? Myself I am supporting others						
STATISTICAL INFORMATION:						
	o Full time Student	0	International Student			
Student Status:	o Part time Student	0	Domestic Student			
Program:		New St	tudent: Continuing:			
	Female					
Gender:	Male					
	Prefer not to disclose					
PRIMARY REASON FOR VISIT (please check all that apply):						
Low paying job/insufficient hours			High Rent/ Bills			
o Insufficient funds from Student Loans/Grants			Unemployed			
Other (please explain):						
INCOME AND EXPENSE INFORMATION (REQUIRED)						
TOTAL MONTHLY INCOM	E:		\$			
TOTAL MONTHLY EXPENSES:			\$			
ADDITIONAL INFORMATION						
Please provide any additional information that you feel supports your application for CUE Cupboard assistance.						
DIETARY RESTRICTIONS/ALLERGIES:						
Vegetarian			No Nuts			
Gluten Free			Dairy Free			
Halal			No Pork			
Other:						

Concordia University of Edmonton's CUE Cupboard is coordinated through the Campus Life Office and the information provided will be kept strictly confidential. Statistical information is collected for information purposes only and will have no determination in the approval of the application. Information provided assists us in determining the best ways to support the student body.

Signature of applicant:	DATE:	
Please submit completed application form to cuecupboard@concordia.ab.ca	-	
Online submissions will receive a response within 48 hours.		
FOR OFFICE USE ONLY:		
APPROVED		
APPROVAL REMAINS IN PLACE UNTIL:	DATE:	
DECLINED		
REASON FOR DECLINE:		
NAME OF CUE EMPLOYEE:		
SIGNATURE OF CUE EMPLOYEE:	DATE:	
PICKUP DATE:		

