

GILROY/ACHESON/COOPER SCHOLARSHIP

INTRODUCTION

In 2002 the Board and staff of Winnipeg Child and Family Services was pleased to announce the creation of the Keith Cooper Scholarship Fund for children in and from care who wish to continue their education beyond Grade 12. The fund acknowledges the late Keith Cooper, former Chief Executive Officer of Winnipeg Child and Family Services and educator, and his commitment to children in Agency care as well as his interest in their further education.

The scholarship program draws upon funds from the Gilroy/Acheson account with the Winnipeg Foundation, which has been designated for use by children in care. The Keith Cooper Scholarship Fund was formerly a scholarship program for Winnipeg Child and Family Services. It is now available to all four Child and Family Services Authorities. A review panel composed of a member of each Authority and a representative of VOICES: Manitoba's Youth in Care Network will review the applications and, for the 2016/17 academic year reward one or more scholarships totaling \$7,500.00. The scholarship recipients can reapply for the scholarship for an additional three years so that a student might complete a four year university, technical or vocational program.

To be eligible applicants must:

1. Be currently or formerly in the care of agencies/regional offices delivering child welfare services under the four Authorities, or the child welfare agencies which preceded them.
2. Have been in the care of a child welfare agency/region for more than one year.
3. Be thirty years of age or younger before the application deadline.
4. Be planning to attend a recognized University, College, Technical or Vocational School.
5. Be able to meet the institution's entry requirements.

The Panel will then award scholarship(s) based upon the applicant's:

1. Financial situation and needs including the availability of other financial resources.
2. Grades and academic achievement to date.
3. Available support system.
4. Application received by deadline: **June 3, 2016 – 4:30 p.m.**

KEITH COOPER SCHOLARSHIP FUND

INSTRUCTIONS

Please complete the attached application package. Your completed package should include:

- Pages 3 – 6 of this application
- This application including personal information (see Question 7)
- A copy of your latest school transcript
- Three letters of reference
- Letter of Acceptance (where applicable)

Applicants should complete the entire application and return it to:

Keith Cooper Scholarship Selection Committee
Attention: Leona Huntinghawk
c/o Southern First Nations Network of Care
Winnipeg Sub-Office
630 Kernaghan Avenue, 2nd Floor
Winnipeg, MB. R2C 5G1
Ph. (204) 783-9190 ext. 11019
Fax. (204) 783-7996
Toll Free. 1-800-665-5762

All completed application packages must be received by 4:30 p.m. on Friday, June 3, 2016.

Incomplete packages will not be accepted.

Keith Cooper Scholarship Fund Application Form

2016 - 2017

1. General Information

| | | | |
|--|--|-----------------------------|--|
| Name: | | | |
| Address: | | | |
| City, Prov., Postal Code: | | | |
| Mailing Address (if different from above): | | | |
| City, Prov., Postal Code: | | | |
| Home Phone: | | | |
| Work Phone: | | | |
| Cell Phone: | | | |
| E-Mail Address: | | | |
| Date of Birth: | | | |
| Disability: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Recent Immigrant or Refugee?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Racial Status: (Type an X in the appropriate box.) | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Non Aboriginal <input type="checkbox"/> Inuit <input type="checkbox"/> Treaty (Status): Band: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Visible Minority | | |

2. Child Welfare History

| | | | |
|-----------------------------------|---|---|--------------------------------|
| Name of Agency: | | | |
| Status with Agency: | <input type="checkbox"/> Temporary Ward | <input type="checkbox"/> Permanent Ward | <input type="checkbox"/> Other |
| How long were you in Agency care? | | | |
| Agency Contact (optional) | | | |
| Name: | | | |
| Phone #: | | | |

3. Education

| | |
|--|--|
| Last grade completed/date: | |
| Last school attended: | |
| Year of Graduation (if applicable): | |

4. Educational Plans

| | |
|---|--|
| Name of Post-secondary Institution you have applied to: | |
| Have you received a Letter of Acceptance? (If yes, please include a copy with application). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What program do you plan to enter or what degree do you hope to pursue? | |
| Will your studies be full-time or part-time? | |
| What is the length of the program? | |
| When is the program start date? | |
| Please explain why this area is of interest to you: | |

5. Financial Information

Have you applied for, or are you eligible for other financial assistance (bursaries, student loans, scholarships, band funding)?

Yes

No

If yes, which ones?

Click here to enter text.

Will you be receiving financial assistance?

Yes

No

Please describe the assistance and the amount to be received:

Click here to enter text.

Please outline your expenses for the next year:

| | |
|------------------|--|
| Tuition: | |
| Books/Equipment: | |
| Rent/Mortgage: | |
| Food: | |
| Transportation: | |
| Miscellaneous: | |
| Other: | |
| | |
| Total Expenses: | |

6. Employment

Do you have a job currently?

Yes, Part-time

Yes, Full-time

No

Do you plan to work while going to school? Please describe.

Click here to enter text.

What total contribution do you plan to make towards your expenses for the next school year?

Click here to enter text.

7. Personal Information

Please respond on a separate sheet and attach to the application form:

- a) How did you get where you are today?
- b) Where do you want to go?
- c) How are you going to get there?
- d) Are there people in your life currently who have given you support and would be willing to offer you a friendly voice or ear to help you with your educational plans? Who are they and how would this support team work for and with you?

8. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |