



Youth-In-Care Tuition Grant Application
The University of Manitoba
2016/17 Academic Year

The University of Manitoba has established a fund in support of the Youth-In-Care Tuition Grants. The purpose of the grants is to provide the opportunity for youth who are or who have been in the care of Child and Family Services in Manitoba to attend post-secondary education. The grants will support the costs of undergraduate tuition up to a maximum of \$5,000 per year for a maximum of 4 years for each recipient.

Eligibility: *You may be eligible for this tuition grant if you are a current or former youth in care and meet the following criteria:*

- will be or are enrolled full-time (over both fall and winter sessions with a minimum 60% course load) in any undergraduate degree or diploma program at the University of Manitoba in the year in which the award is tenable;
- must have a record of satisfactory academic achievement which is defined as follows:
 - ❖ for first year students, a minimum entering average of 70 percent on those courses used for admission;
 - ❖ for continuing students, a minimum degree grade point average of 2.0;
- are currently or formerly a youth in care of the Manitoba Child Welfare System;
- have demonstrated financial need on the Youth-In-Care Tuition Grant application form.

Renewal Requirements: *You are eligible to renew your tuition grant for an additional three years as long as you maintain the following:*

- remain enrolled full-time (minimum 60% course load) in any undergraduate degree or diploma program at the University of Manitoba;
- continue to maintain a minimum degree grade point average of 2.0;
- continue to demonstrate financial need on the standard University of Manitoba bursary application form.

DEADLINE: MAY 1st

(in years where May 1st falls on a weekend, applications will be due the first business day of May)

Please submit your completed form and an official high school transcript (with your final or interim Grade 12 marks) to your designated Child and Family Services Authority:

General Authority Jennifer Fallis 204-984-9283 jennifer.fallis@gov.mb.ca	Metis Authority Dianna Cadotte 204-949-0220 dcadotte@metisauthority.com	Southern Authority Leona Huntinghawk 204-783-9190 leona.huntinghawk@southernnetwork.org	Northern Authority Candace Donaldson 204-778-3706 candaced@northernauthority.ca
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APPLICANT DETAILS	
Name	
Student Number (if known)	
Email Address	
Phone Number	
Number of credit hours you plan on enrolling in for Fall/Winter	

Status Criteria:

- I am a current youth-in-care
- I am a former youth-in-care currently on an extension of care
- I am a former youth-in-care without an extension of care

Marital Status: Single Married/Common-Law Single Parent

Is your spouse a part-time or full-time student, _____ employed or unemployed? _____

Do you have children? Yes No (If yes, you must complete the *Applicant's dependent information* on page 2)

**BUDGET FOR THE FULL ACADEMIC YEAR
(your 'totals' should reflect the period of September 5, 2015 to April 30, 2016)**

Expenses (costs while in school)	Total \$	Resources (income while in school)	Total \$
Rent/Mortgage		Your current employment & all other income <i>(do not include amounts already included in the following fields)</i>	
Telephone <i>(cell & land lines)</i>		Spousal/Partner income	
Heating & Electricity		Parents/Family Members (Foster Family) income	
Groceries		Trust Funds / Bonds / RESP/RRSP	
Clothing		Government Income <i>(Family allowance, Child Tax Benefits, Orphan's benefit, etc.)</i>	
Transportation <i>(buss pass; gas for vehicle; parking for vehicle)</i>		Savings on date of application (for school)	
Car Payments			
Insurance <i>(indicate what this is for)</i>			
Entertainment			
Laundry			
Daycare Costs			
Other (Please list)			
Total	\$	Total	\$

Your Deficit (expenses minus resources) \$ _____

Do you own/lease a vehicle? NO YES Make/Model: _____

Year: _____

Applicant's dependent information (please complete the box below ONLY if you have children)

Age	Name of school or daycare	Amount of fees paid by applicant	Other support child receives
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Other Dependents of Parent / Foster Parents(s) [your siblings]		
Relationship	Age	Name of School / University / Day Care

On a separate sheet, please outline any **exceptional** circumstances that highlight your need for this grant. Your comments here can be very helpful in assessing eligibility or special needs.

READ THIS BEFORE YOU SIGN BELOW: I hereby declare that all the above information is complete and true in every respect; all information provided is mine alone. If not, my application and any award money received, if applicable, is forfeit. I submit my application with an understanding that financial assistance is critical for me to continue my education. I also consent to full access to my University of Manitoba student and government loan records. I authorize the Province of Manitoba (Child and Family Services authorities) to collect my application and submit it to the University of Manitoba on my behalf once my status has been confirmed.

Applicant's Signature _____ **Date** _____