

Application for Rural and Northern Clinician Grant

Manitoba Education and Early Childhood Learning Division

Date:

(To be completed by eligible school division)

School Division Data

School Division:

Phone Number:

Contact Person:

Email:

Current Address:

Individual Data

Surname:

First Name:

Education

Educational program for which you are requesting grant assistance

Speech Language Pathology

Physical Therapy

Psychology

Other

Occupational Therapy

The individual has been accepted in the program

Yes

No

The individual has recently graduated from the program

Yes

No

Name of Training Institution:

Academic Time Remaining: No. of Months/Years

Program Start Date: Month/Year

Final Completion Date: Month/Year

Requirement

Along with this application, the school division must provide a brief letter describing the need for service and the plan for the applicant's employment.

Financial Request (check one)

Divisions are eligible to request up to \$30,000 per year.

An individual can be supported for up to the equivalent of two years of full time study

Eligible expenses can include:

Non-division staff (students currently enrolled in program)

Tuition (maximum of \$10,000/year)

Books and supplies (maximum of \$3,500/year)

Travel/expenses (maximum of \$1,500/year)

or

Non-division staff (students recently graduated from a program)

Loan/tuition reimbursement (maximum of \$10,000 per individual)

or

Current school division (employees)

Salary replacement (maximum of \$30,000 per year)

Return of Service

Bursary recipients are required to sign a formal agreement to work in an eligible division after completion of training for a minimum of one year for each year of support. The agreement must include the terms for the release of funds to the student and the plan for returning the funds should the student fail to complete the course or program as stipulated in the agreement.

Have you attached a completed Return of Service Agreement?

Yes Service years

Have you attached confirmation of enrollment?

Yes No (explain why not)

I hereby certify that all information and statements in this application are true and complete to the best of my knowledge and belief.

Signature of Individual

Date

Signature of School Division Authority

Date

Please send completed form to:

Student Services Unit
Inclusion Support Branch
Manitoba Education and Early Childhood Learning
204-1181 Portage Avenue
Winnipeg, Manitoba R3T 0T3
Telephone: 204-945-7912
Toll Free in Manitoba: 1-800-282-8069, ext. 7912
Fax: 204-948-3229
Email: isbinfo@gov.mb.ca

Send this request to isbinfo@gov.mb.ca