

MAKING EDUCATION WORK
Post-Secondary Education Bursary Application

SECTION A: PERSONAL INFORMATION	(Please Print)
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Last Name	Given Name	Phone #	Cell #
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Current Mailing Address	Town /City	Province	Postal Code
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If Different from Above	Town /City	Province	Postal Code
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Date of Birth:	_____	_____	_____
	year	month	day

CHECK ONE OF THE FOLLOWING:

1. Male Female 2. MEW STUDENT: Program Comparison

3. Social Insurance Number (SIN): _____

4. What high school did you graduate from? Check one.

Otter Nelson River School

Helen Betty Osborne Inninew Resource Centre

Peguis Central School

Lord Selkirk Regional Comprehensive High School

Swan Valley Regional Comprehensive School

R.D. Parker Collegiate

Other, please specify _____

5. No.of High School credits received? _____

6. High School completion date? _____

7. Check all courses you took as part of the MEW project? **(Program Students ONLY)**

1.0 Myself 1.5 My Family 2.0 My Community

2.5 My Province 3.0 My Country 3.5 My World

VOLUNTARY SECTION: MINORITY BACKGROUND

If you wish, please indicate your membership to any one or more of the following equity groups

A person with a disability

Inuit

Visible minority

Métis

Aboriginal woman

First Nation

OVER.....

SECTION B: EDUCATION Current academic year only (2009 – 2010)

- Are you a full-time student? (Taking a minimum of 60% or more year of study)
 Yes No
- Are you returning to school in the winter session (Jan 2010-April 2010)?
 Yes No
 If yes, Full-time OR Part-time
- Indicate your level of study:

Pre-Post Secondary	<input type="checkbox"/>	Trades	<input type="checkbox"/>
College	<input type="checkbox"/>	Apprenticeship	<input type="checkbox"/>
University	<input type="checkbox"/>	Other	<input type="checkbox"/>
- Indicate the university/college you are enrolled at _____
- Indicate the faculty and course or program you are taking _____

I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge and that I have not withheld any information relative to this application. I authorize Making Education Work to verify the above information.

Student's Signature

Date

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

“This personal information is being collected under the authority of the “*Making Education Work Project/Mb. Student Aid*” and will be used and disclosed for the purpose of determining your eligibility for the Canada Millennium Scholarship Foundation Bursary. This personal information is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any question about the collection, contact the Provincial Coordinator at (204) 945-0014, 510 Selkirk Ave, Wpg, Mb, R2W 2M7

FOR OFFICE USE ONLY:

Eligible Student

Yes No

Approved Bursary Start Date

_____/_____/_____
Year Month Day

Dated this day _____ of _____, 2009. Signature: _____

COMPLETED APPLICATIONS CAN BE SENT TO OFFICE BY THE FOLLOWING:

BY MAIL:

Making Education Work Project
510 Selkirk Ave
Winnipeg, Manitoba
R2W 2M7

BY FAX:

(204) 948-2010 (original to be sent by mail)

OR DROP OFF IN PERSON:

You can drop off your application off at our office located at 510 Selkirk Ave, Winnipeg, Manitoba. Drop off can be made Monday to Friday, between the hours of 9:00 a.m. and 4:30 p.m. daily.

WEBSITE ADDRESS: (To download forms)

www.edu.gov.mb.ca/aed

FOR MORE INFORMATION:

Please feel free to contact Betty-Ann McIvor, Provincial Coordinator at (204) 945-0014 or Winona Swampy, Administrative Officer at (204) 945-4486 if you have any questions regarding the application process. You may also contact either Betty-Ann or Winona by email at the following email addresses:

betty-ann.mcivor@gov.mb.ca or winona.swampy@gov.mb.ca