



## MAKING EDUCATION WORK CONFIRMATION OF ENROLMENT

<b>PROVINCE</b>	<b>SOCIAL INSURANCE NO.</b>										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> </tr> </table>										

**PRINT CLEARLY:**

► **CONFIRMATION OF ENROLMENT** – to be completed by educational institution

<b>SURNAME OF STUDENT</b>	<b>GIVEN NAMES OF STUDENT</b>

Date of Birth			No. of weeks of study	Period of Studies Commencement Date		Period of studies End Date	
YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH

<b>CURRENT ADDRESS:</b>	<b>EMAIL ADDRESS OF STUDENT</b>								
<b>Area Code and Telephone (while at school)</b>	(    )								
<b>PERMANENT ADDRESS:</b>	<b>Student Number</b>								
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<b>Area Code and Telephone</b>	(    )								

<b>NAME AND ADDRESS OF EDUCATIONAL INSTITUTION</b>	<b>Institution Code:</b>								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> <td style="width: 10%; height: 15px;"></td> </tr> </table>								
<b>Program Studies Code:</b>									
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As required by the Canada Millennium Scholarship Foundation Inc./ Making Education Work Project/Mb. Student Aid, this confirms that this student is enrolled (✓ check one or both)     full-time    and /or     part-time.

Name of Authorized Person	Title	Date Signed		
		Year	Month	Day
<b>Telephone Number:</b>				
(    )				

**Signature of Authorized Person of the Education Institution:**

\_\_\_\_\_

**Signature**

**FOR OFFICE USE ONLY:**

Eligible Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Bursary Start Date _____ / _____ / _____ Year    Month    Day
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Dated this day \_\_\_\_\_ of \_\_\_\_\_ 2009. Signature: \_\_\_\_\_

**PLEASE SEND COMPLETED FORM:**

**ORIGINAL BY MAIL: (IN INSTITUTE ENVELOPE)**

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

**BY FAX: (ON INSTITUTE FACSIMILE COVER SHEET)**

(204) 948-2010

**FOR MORE INFORMATION:**

Information directed to: Betty-Ann McIvor, Provincial Coordinator at (204) 945-0014 or Winona Swampy, Administrative Officer at (204) 945-4486. You may contact either Betty-Ann McIvor or Winona Swampy by email at the following email addresses.

[betty-ann.mcivor@gov.mb.ca](mailto:betty-ann.mcivor@gov.mb.ca) or [winona.swampy@gov.mb.ca](mailto:winona.swampy@gov.mb.ca)

**WEBSITE ADDRESS:**

[www.edu.gov.mb.ca/aed](http://www.edu.gov.mb.ca/aed)

**PLEASE NOTE:**

Applications will not be processed if they are not complete.