

SKILL DEVELOPMENT FOR YOUNG ENTREPRENEURS PROGRAM APPLICATION

Please complete all sections.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

"This personal information is being collected under the authority of the MB4Youth Division of Manitoba Education Citizenship and Youth. The information will be used and may be shared with MB4Youth Division partners for the purpose of determining eligibility for the program, monitoring and accountability requirements, as well as research and evaluation purposes. These partners include Manitoba Agriculture, Food and Rural Initiatives, Manitoba Competitiveness, Training and Trade, and Manitoba Advanced Education and Literacy. As well, this information may be used to contact you in the future for follow-up and evaluation purposes. 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 questions about the collection, and use of this information, contact the MB4Youth Division: Laurie E. Unrau, Program Manager, at (204) 945-3556, Room 310-800 Portage Avenue, Winnipeg, Manitoba, R3C 0N4."

I consent to the collection, use and disclosure of personal information as outlined above.

_____ Signature _____ Date

PERSONAL INFORMATION

FOR THE PRINCIPAL APPLICANT:

1. MR Surname _____ Given Names _____
 MS _____
 MRS _____

Present Mailing Address No. and Street _____ City/Town _____ Province _____ Postal Code _____

Home Phone No. _____ Work Phone No. _____ Fax No. _____

e-mail Address: _____

2. Social Insurance Number

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3. Are you a: Canadian Citizen? _____ Landed Immigrant? _____ Other? _____
 If other, please explain: _____

4. Are you between 18 and 29 years of age? _____ Date of Birth _____
 Yes No

Please include a photocopy of driver's licence or Birth Certificate to confirm date of birth.

YY / MM / DD

5. Gender: Male _____ Female _____

6. The following information is being collected for statistical purposes only.
 Do you fall within any of the following Special Needs categories of the program? Yes No
 If yes, please check all categories applicable:

Aboriginal Descent _____ Income Assistance Recipient _____ Other _____
 Disabled _____ Visible Minority _____

7. Are you: *(Please check all that apply at the time application)*

<ul style="list-style-type: none"> <input type="checkbox"/> Not a student <input type="checkbox"/> A full-time student <small>Taking 60% or more of a normal year's studies</small> <input type="checkbox"/> A part-time student <small>Taking less than 60% of a normal year's studies</small> <input type="checkbox"/> Unemployed 	<ul style="list-style-type: none"> <input type="checkbox"/> Employed full-time <small>(working 25 hours or more per week)</small> <input type="checkbox"/> Employed part-time <small>(less than 25 hours per week)</small> <input type="checkbox"/> Farming <input type="checkbox"/> Self-employed full-time <small>(working 25 hours or more per week)</small> <input type="checkbox"/> Self-employed part-time <small>(less than 25 hours per week)</small>
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8. Please indicate your current or highest level of study.

High School	grade 9 or less	grade 10	grade 11	grade 12	
	Senior 1	Senior 2	Senior 3	Senior 4	
Community College:	year 1	year 2	year 3		
University:	year 1	year 2	year 3	year 4	year 5 or greater

Area of Study: _____
 Other Training or Courses: _____

OFFICE USE DOB Verified with _____ by _____ on _____

REQUEST FOR TRAINING SUPPORT

1. Name of training program/course (Please attach program/course outline):

2. Name of Institution/
Provider of training:

3. Dates of Training:

4. Location of Training:

5. How would this training/course benefit you in the operation of your business?

6. ESTIMATED COSTS

	<u>ITEMS</u>	<u>ESTIMATED COST</u>
a) Tuition/Course Fees		<hr/>
b) Books/Related Supplies (specify)	<hr/> <hr/> <hr/>	<hr/>
c) Estimated Travel Expenses (Mileage calculated at 30¢ per km)		<hr/>
d) Estimated Accommodation Expenses		<hr/>
e) Other Possible Related Expenses (specify)	<hr/> <hr/>	<hr/>
Total of Estimated Expenses		\$ <hr/>
Total Amount of Assistance Requested (based on 50% of actual/estimated costs)		\$ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

OFFICE USE : Approved Amount \$ _____	Ineligible/Not Approved
Assessment Notes:	

