



Finding the good

BURSARY APPLICATION FORM

Bursary applicants must complete this form and submit it along with the other application items listed below.

CONTACT INFORMATION

Name _____

(Please include name used when receiving service from Marymound if different from above)

Address _____
Street City Province Postal Code

Phone _____
Day Evening

E-mail _____

Date of Birth _____

Voluntary Declaration: Marymound is committed to building a dynamic, diverse workforce. Please check any of the following designated employment equity groups that apply:

- Female
- Aboriginal (e.g. Status Indian, First Nation, non-status Indian, Metis, Inuit)
- Visible Minority (Other than Aboriginal)
- Physical or Mental Disability (Long-term or recurring physical/mental impairment-visible or non-visible disability)

BACKGROUND INFORMATION

1. Are you currently being serviced by Marymound Inc. and if so, with which program? If no, please proceed to question 2.

2. What year(s) did you receive services from Marymound and through what program(s) (e.g. Independent Options Program, Treatment Foster Care, Marymound School, Group Care Home).

3. Are you currently supported by an Extension of Care through a Child and Family Service Agency? Please circle: Yes or No

If you answered no, please proceed to question 4. If you answered yes, please indicate your Extension of Care Child and Family Services Agency: _____

4. For what education/training program have you been accepted? Please provide the name and address of the education facility. If you have applied but are yet to receive *confirmation of your acceptance* please indicate so and the present potential timeline to receive notice of acceptance.

5. When does your education/training program start? _____

6. Have you attended and/or completed a post high school education or training program in the past? Please circle: Yes or No

7. If yes, which program did you attend/complete and when? _____

FINANCIAL INFORMATION

8. For what are you seeking funds? (Check all boxes that apply and list amount for each)

Tuition Fees \$ _____

Textbooks \$ _____

School Supplies \$ _____

Other (please list) \$ _____

TOTAL \$ _____

9. Are you presently employed or have been in the last two years?

- Yes No

If yes, that are you currently working, is it full or part time?

- Full time Part time

If yes, that you have worked in the past two years, was it full or part time?

- Full time Part time

If yes, list the place(s) of your employment.

If you are not working, what is your source of income?

Have you applied for any other student aid?

- | | | |
|---|------------------------------|-----------------------------|
| Band Education Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child and Family Service Agency Education Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Post-Secondary Institution Tuition Waiver | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bursary, Grants or Scholarships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canadian Student Grant/Financial Aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide additional details regarding the nature of support received for those listed as yes above (e.g. name of program/agency/institute from where support was received, amount received, and/or applications that were submitted but did not provide funds):

PROMOTION OF THE ENDOWMENT FUND AND BURSARY PROGRAM

10. If you receive a bursary from Marymound, would you permit the agency to promote donations to the fund by featuring your award in its newsletter, on its website as well as to the broader media in Manitoba?

- Yes No Not sure, I'd like to know more about this first.

If you receive a bursary from Marymound would you agree to talk about your education goals and successes to young people presently receiving services at Marymound?

- Yes No Not sure, I'd like to know more first.

All applicants MUST submit these additional items:

- Proof of acceptance at an accredited learning institution or recognized training facility
- High School transcript and/or Post-Secondary/Education and Training transcript
- Two written references (character and professional) supporting the application
- Essay submission of no more than 350 words describing education/training goals and how a bursary award would contribute to this goal. If the applicant prefers, she/he can opt for an interview with selection committee members instead.

Please sign the following before submitting your application:

The information provided in this application represents the truth to the best of my knowledge.

(Signature of applicant)

(Date)

Please complete and return your application package by July 15 yearly or November 15 yearly.

**Bursary Selection Committee
Marymound
442 Scotia Street
Winnipeg, MB R2V 1X4**