

THE UNIVERSITY OF MANITOBA FACULTY OF MEDICINE 2008/2009 BURSARY APPLICATION

Incomplete applications will not be eligible for bursary consideration.

Also complete a Financial Aid and Awards application for consideration by the University bursary program.

Student Number _____ First Name _____ Last Name _____ Med 1 Med 2
 Med 3 Med 4

Mailbox # _____

We will notify you of the Faculty's bursary decision in your mailbox. Financial Aid and Awards will use your address in the Student Records System, i.e. (not the Faculty of Medicine database). Please remember that it is your responsibility to keep your mailing address up to date using the Aurora system.

IF YOU ARE A MANITOBA RESIDENT, YOU MUST PROVIDE BOTH:

- A copy of your Notice of Assessment or equivalent, even if you do not receive a loan. **AND We will accept the Quick Assessment from the web**
- A copy of your Notice of Assistance or equivalent.

If you receive your loan from another province, please provide as much information as possible in lieu of these forms.

Residence: live with parents rent/mortgage

Permanent Residence Winnipeg other - Manitoba other – Canada

North American Aboriginal Status? First Nations: Status or Non-Status; Métis Inuit

Marital Status: Single Married/Common-Law Single Parent

If you are married, is your spouse: *(Spouse's financial information must be supplied below)*
 a part-time student a full-time student employed unemployed

Do you have children or other dependents? Yes No *(Complete the Dependents section on the next page)*

Are you a B.Sc. Med student? Yes No

Med 2 and 3's: Did you complete a summer early exposure or BSc Med **outside Canada** last summer? Yes No

Clerks: Have you done/been accepted to do an elective **outside the Winnipeg area**? Yes No

Please specify location and discipline: _____

Med 4's Do you plan to apply outside Manitoba in the CaRMS match? Yes No

Do you or your spouse own/lease a vehicle? Yes No Make/Model: _____ Year: _____

All applicants are expected to apply for government student loans.

Which province did you apply to for a student loan?

Dependent Information Number of dependents _____

Age	Name of school or daycare (for children)	Amount of fees paid by applicant	Other support child receives
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Applications are due Wednesday October 1

Note: this year ALL bursary applications will be considered in the fall. **There will not be a January application cycle.**

Resources	\$ Total \$
Employment Income (summer and projected)	<input type="checkbox"/> Med 3 stipend \$2950 <input type="checkbox"/> Med 4 stipend \$1450
Savings (Trust Funds/ Bonds/RESP/RRSP)	
External Funding (Private scholarships and bursaries, Band sponsorship, etc)	
Canada Student Loan (07/08)	
Provincial Student Loan (07/08))	
Gifts (Family)	
Loans (Family)	
Spouse's income	
Government Income (Family Allowance, Gov't Student Aid <i>GRANTS</i> , Orphan's benefit, etc.)	
Debt	
Current CSL Indebtedness (not including (07/08))	
Current PL Indebtedness (not including (07/08))	
Educational Line of Credit Indebtedness (until September 07)	
Other Debts (specify)	

We will use Manitoba Student Aid's living allowance rates to assess your financial need. Please provide information below about extraordinary costs that we should also consider, such as prescription or other health care costs. You may also describe any **exceptional** circumstances that highlight your need for University of Manitoba bursary assistance. If you have excelled in team sports or graduated from a high school in Assiniboine or Brandon RHA, please include that information. (relevant to 2 bursary funds)

I hereby declare that all the above information is complete and true in every respect, and that financial assistance is essential for me to continue my education. I consent to full access to my student records and government loan records. I also give permission to the Faculty of Medicine to verify these statements.

Signature of Applicant _____ Date _____

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