

ABORIGINAL ANCESTRY

Status Non-Status Métis Inuit

Important: Please provide a copy of your Treaty Status, Métis, or Nunavut Tunngavik Inc. (NTI) Enrolment Card. The College of Nursing reserves the right to request verification of Aboriginal ancestry.

EDUCATION

High School	Location	Last Grade Completed	Year Received
_____	_____	_____	_____

Have you received upgrading since you left school? If yes, was it:

Adult Basic Education GED Please indicate level completed: _____ Date completed: _____

If you have been enrolled in any post-secondary education or training programs, please list them (i.e., Transition Year Program, Health Career Quest Summer Camp, Urban Circle, college, university, nursing school, New Careers, Core Area Training, other provincially funded programs, etc.).

Institution	Program/Course	Dates of Attendance	Did you complete?
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: If needed, please include other post-secondary programs on a separate sheet of paper.

Have you withdrawn, been suspended, or placed on probation from any university, college, or post secondary institution? Yes No
If yes, please explain:

Failure to disclose your previous or current academic status (no matter how much time has elapsed) may result in the withdrawal of your application.

Note: Please enclose with your application, interim and/or final transcript(s) of all your marks for high school, upgrading and post-secondary institutions you attended. If you are currently attending U of M, you can print your transcripts off Aurora Student or provide written permission allowing the College of Nursing to print your marks off the Aurora system. You may provide an interim transcript while waiting for your final grades.

EMPLOYMENT/COMMUNITY INVOLVEMENT

EMPLOYMENT HISTORY

Employer	Your Position	Dates (DD/MM/YY)	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER/COMMUNITY INVOLVEMENT

Organization (Name and Place)	Year(s) Involved	Your Role
_____	_____	_____
_____	_____	_____

SHORT ESSAY

On a separate sheet of paper, please incorporate all the topics below into your short essay. Be advised the short essay is an important part of the application.

1. How and when you became interested in Nursing
2. Your understanding of the Nursing profession
3. How you have prepared for the challenge of University studies and the rigours of the Nursing program
4. Circumstances that may have kept you from pursuing an education or career
5. A description of your present situation
6. Your strengths and weaknesses
7. Comment on your experiences coping with stress, managing your time and budgeting your money
8. Your hopes and goals for your future
9. How you think you would benefit from ANCI

FINANCIAL INFORMATION

Are you currently: (check all that apply)

- Employed full-time (30 hr/wk or more)
 Employed part-time

- Casual
 Student

- Employed Seasonally
 Volunteer

- Income Level: \$0 - \$5,000
 \$15,001 - \$20,000

- \$5,001 - \$10,000
 \$20,001 - \$25,000

- \$10,001 - \$15,000
 \$25,001 plus

The financial information should be based on combined family income (that is the income, assets, expenses, and debts of you and your partner).

Your application is not complete unless this section is completed accurately. This information will be used to assess your eligibility. This form will be returned to you for completion if any information is found missing.

	Applicant	Spouse
Earnings (before deductions)	\$ <input type="text"/>	\$ <input type="text"/>
Employment Insurance Benefits (gross) or Employment & Training Services	<input type="text"/>	<input type="text"/>
Band Sponsorship	<input type="text"/>	<input type="text"/>
Scholarships	<input type="text"/>	<input type="text"/>
Bursaries and other awards	<input type="text"/>	<input type="text"/>
CRISP, SAFER, WORKERS COMP, Orphans Benefits, Disability Benefits, i.e., Government	<input type="text"/>	<input type="text"/>
Child Support, Spousal Support, Settlements, i.e., Divorce, MPI, etc.	<input type="text"/>	<input type="text"/>

Social Assistance (provincial, municipal, band)

Will this continue while you are in school? Yes No

Are you single and living at home with parents? Yes No

If yes, what is the total income of parents?

Parent 1	Parent 2
<input type="text"/>	<input type="text"/>

Please indicate the number of dependent children in your family, including the applicant. Do not include children who have claimed independent status (i.e., single parents under the age of 23 or children who are working full time).

Are your tuition, books, and supplies paid for by a sponsoring agency?

- All Part Not applicable

Have you applied for any assistance/funding for which you have not yet received a response?

- Yes No

If yes, please describe the type of assistance:

Is there any other financial information which would help in assessing your need?

You may be required to apply for a Canada Student Loan as part of your financial support. Have you ever applied for a Canada Student Loan in the past?

- Yes No

What is the status of that loan?

NOTE: We encourage applicants to explore all outside funding options. Many applicants bring funding from outside sources, e.g., Study Assistance for Income Allowance Recipients (SAIER), scholarships, bursaries, and band sponsorships. Those students with insufficient outside funding may apply to Manitoba Student Aid for supplementary funding. Please note that in order for a student to be eligible for a non-repayable Access Bursary, the student must be on full Canada Student Loan/Manitoba Student Loan.

REFERENCES

Please enclose two completed reference forms from individuals other than relatives. List their names, addresses, phone numbers, and position or organization below. One of your references should be either a teacher or employer.

Name	Address	Phone	Position/Organization
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: reference forms may be sent separately. It is your responsibility to make sure your references are sent by April 1st at midnight.

DECLARATION

Applicants are advised to read all application materials carefully. Failure to disclose relevant facts (including ALL previous attendance at post-secondary institutions) and/or submissions of false information or documentation may result in acceptance and registration being withdrawn. If this information is discovered in a subsequent session, it may result in dismissal from the University. Registration at a post-secondary institution subsequent to the submission of this application must be declared in writing.

I hereby certify that I have read and understood the instructions and information on this application form and that all statements made in connection with this application are true and complete. I authorize the University to verify any information, transcripts, or reference letters provided as part of this application.

I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada. I authorize my high school/university to release my academic record(s) should the need arise to accelerate the processing of this application.

I understand that if I am selected to the ANCI Pre-Nursing Program, I am required to attend the mandatory Orientation in August before the start of class.

I understand that if I am selected to the ANCI Pre-Nursing Program, staff may be required to advocate on my behalf with the funding agency who may request personal information for the purpose of accessing academic or financial status. By signing this application form, I hereby authorize the University of Manitoba College of Nursing to release personal information as required to satisfy the funding agency. The information required by the funding agency may include, but is not limited to, mid-term grades, final grades, registration history, course enrollment, credit hours, attendance, tuition and fee amounts, etc.

I certify that the information contained in this application is true and complete to the best of my knowledge. I realize that any false statement contained in this application may result in my disqualification for or from this program.

Name (please print): _____

Date: _____

Signature: _____

PLEASE REMEMBER:

Your application will not be considered if you have not included the following:

- | | |
|---|--|
| <input type="checkbox"/> Application: ANCI program | <input type="checkbox"/> Short essay |
| <input type="checkbox"/> Transcripts (high school, post-secondary, other training programs) | <input type="checkbox"/> Financial information |
| <input type="checkbox"/> Two completed reference forms | <input type="checkbox"/> Signed declaration |
| <input type="checkbox"/> Proof of Aboriginal Ancestry | <input type="checkbox"/> Application: University of Manitoba
(note: a separate application must be submitted to the U of M Admissions Office) |

Note Regarding Collection, Use, and Disclosure of Personal Information by the University

The personal information in this application is being collected under the authority of The University of Manitoba Act. It will be used for the purposes of admission, registration, provision of education to the student including assessment of academic status, and for communication with the student. It may be disclosed to other educational institutions, government departments, and co-sponsoring organizations. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. It 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 of your personal information, contact the University of Manitoba Access & Privacy Office, 233 Elizabeth Dafoe Library, Winnipeg MB, R3T 2N2. Tel. 204-474-9462 or 204-474-8339.

REFERENCE FORM

Please enclose two completed reference forms from individuals other than relatives. All of your references should be either a teacher, an employer, or volunteer supervisor.

Name of Applicant: _____

The above individual has submitted an application to the Aboriginal Nursing Cohort Initiative Pre-Nursing Program. How would you best describe the candidate's performance in the following areas? You may attach a separate sheet, if necessary.

1. Attendance _____

2. Punctuality _____

3. Motivation _____

4. Reaction to stress or difficulty _____

5. Commitment to success _____

6. Aptitude in Math, English, and Computer Skills _____

7. Team/group work _____

8. Time management _____

9. Problem solving _____

10. Written and oral communication skills _____

11. Other _____

Reference Name _____

Address and Phone _____

Organization _____

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