



1. Answer all questions fully. Incomplete applications may not be considered.
2. Complete application must include transcripts and two (2) reference forms.
3. All information on this form is confidential and is to be used only in assessing the applicant's eligibility/suitability for the program.
4. APPLICATION DEADLINE: May 1 at midnight.
5. Return in person or by mail to:
Mahkwa omushki kiim: Pathway to Indigenous Nursing Education (PINE)
College of Nursing
89 Curry Place, Helen Glass Centre for Nursing
Winnipeg, MB R3T 2N2
FAX: 204-474-7682
6. If you require further information, please contact us at 204-474-7452 or 1-800-432-1960 ext. 7452.

Please tell us

How did you hear about our program? (check all that apply)

- | | | |
|----------------------------------|----------------------|-------|
| Career Fair | Teacher or professor | Other |
| Website | Friend | |
| School | Family Member | |
| Guidance or Education Counsellor | Brochure or poster | |
| Community Agency | Presentation | |

| Personal Information | | | | |
|---|--------------------|------------------|-----------------------|-------------|
| Last name | First (given) name | Middle name | Birthdate MM/DD/YY | |
| Current Address | | City/Town | Province | Postal Code |
| Home community (if different from above) | | | | |
| Telephone (home) | Telephone (work) | Telephone (cell) | Email address | |
| Marital status: Single parent Single Married Common-law (more than 6 months) | | | | |
| Dependent's name | Age | Relationship | | |
| | | | | |
| | | | | |
| | | | | |
| Aboriginal ancestry Status Non-status Métis Inuit | | | | |
| <i>Important: Please provide a copy of your Treaty Status, Métis or Nunavut Tunngavik Inc. (NTI) Enrollment Card. The College of Nursing reserves the right to request verification of Aboriginal ancestry.</i> | | | | |



Emergency Contact

| Name | Phone number | Alternate number | Relationship |
|------|--------------|------------------|--------------|
| | | | |

Education

| High school | Location | Last grade completed | Year received |
|-------------|----------|----------------------|---------------|
| | | | |

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

Adult Basic Education

Please indicate level completed:

GED

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 attended | Did you complete? |
|-------------|----------------|----------------|-------------------|
| | | | |
| | | | |

NOTE: If needed, please include other post-secondary programs on a separate piece 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 UM, 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.

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 |
|-------------------------------|------------------|-----------|
| | | |
| | | |



Financial Information

Are you currently: (check all that apply)

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

Casual

Employed seasonally

Employed part-time

Student

Volunteer

Income level:

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

\$0 - \$5,000

\$10,001 - \$15,000

\$20,001 - \$25,000

\$5,001 - \$10,000

\$15,001 - \$20,000

\$25,001 plus

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) | | |
| Band sponsorship | | |
| Scholarships | | |
| Bursaries and other awards | | |
| CRISP, SAFER, Workers Comp, Orphans Benefits, Disability Benefits, i.e., government | | |
| Child Support, Spousal Support, Settlements, i.e., Divorce, MPI, etc. | | |
| 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?

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?

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 scholarships. Those students with insufficient outside funding may apply to Manitoba Student Aid for supplementary funding. Please note that in order 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 number | Position/Organization |
| Name | Address | Phone number | Position/Organization |

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

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 PINE pre-nursing program, I am required to attend a mandatory orientation before start of class.

I understand that if I am selected to this program, staff may be required to advocate on my behalf with the funding agency who may request personal information for the purpose of assessing academic or financial status. 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. 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.

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) | Signature | Date |
|---------------------|-----------|------|

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

- | | |
|---|--|
| Application: PINE program | Financial information |
| Transcripts (high school, post-secondary, other training) | Signed declaration |
| Two completed reference forms | Application: University of Manitoba (Note: a separate application must be submitted to the UM Admissions Office) |
| Proof of Aboriginal Ancestry | |
| Short essay | |

Clear Form

Notice 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 your references should be either a teacher, an employer or volunteer supervisor.

Name of Applicant:

The individual has submitted an application to the Mahkwa omushki kiim: Pathway to Indigenous Nursing Education (PINE) pre-nursing program. How would you 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, 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

Note: Reference forms may be sent separately. It is your responsibility to make sure your references are sent in by May 1 at midnight.



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