| Student # | | | |
|-----------|--|--|--|
| | | | |



520 University Centre Winnipeg, Manitoba Canada, R3T 2N2 Telephone (204) 474-9251 Fax (204) 275-8098

English Language Centre Refugee Entrance to IAEP Bursary Application

Instructions:

- 1. All three parts: A, B, and C of the application must be fully completed. Your name should only appear in Part 1. **Do not** include your names in Parts B or C. Include your student # on each page.
- 2. The application must be submitted by the deadline and at the location indicated on The English Language Centre web site: umanitoba.ca/elc
- 3. Sign and date the application on Part A.
- 4. Incomplete or late applications will not be considered.
- 5. Please bring original proof of Refugee status for verification when applying.

| PART A • PERSO | ONAL INFORMATION | |
|-------------------|---|---|
| Family Name | Given Name | |
| · | | |
| Mailing Address | | _ |
| Contact phone # | | |
| Email Address | | |
| | all the information in this application is complete and true in every respect, and that financial assistance is ntinue my education. I also consent to full access to my student records and government loan records. | |
| Signature of Appl | licant: Date: | _ |

PART B • FINANCIAL INFORMATION

Budget for the Academic Year (September to August) Use Canadian Dollars

| Expenses | \$ Total \$ | Resources | \$ Total \$ |
|------------------------------------|-------------|--|-------------|
| Tuition | | Parents | |
| Books & Equipment | | Spouse's Income | |
| Monthly Rent X 12 = | | Trust Funds/Bonds/RESP | |
| Monthly Telephone X 12 = | | Previous Savings | |
| Monthly Heating/Electricity X 12 = | | Summer Savings | |
| Monthly Food X 12 = | | Federal/Provincial Loan | |
| Monthly Clothing X 12 = | | Provincial Bursary/Grant | |
| Monthly Transportation X 12 = | | Bank Loan/Line of Credit | |
| Monthly Amusements X 12 = | | Government Income | |
| Monthly Insurance(s) X 12 = | | Income Tax Rebate Expected | |
| Monthly Laundry X 12 = | | Scholarship/Bursary/Graduate Fellowships | |
| Other (please Specify) | | Part-Time Job/Work Study/Teaching/Research Assistantship | |
| TOTAL For The Year \$ | | TOTAL For The Year \$ | |

| | | Deficit (Expenses minus Resources) \$ | | | | | |
|------|--------------|---------------------------------------|---|-------------------|--|--|--|
| Pre- | Study Peri | od (Previous | 4 months) Activity | | | | |
| | Work | Employer | Gross Income \$ | Savings \$ | | | |
| | Study | School | | Number of Credits | | | |
| | Other | (Specify) | | | | | |
| Vehi | cle: Do yo | u own/lease a | a vehicle? □ No □ Yes Make/Model | Year | | | |
| Do y | ou live in a | house / apai | rtment / condominium? (Please circle one) | | | | |
| How | many peop | ole share this l | iving space? | | | | |

| | | | | | | Student # |
|---|---|--------------------|-----------------|-----------------|---------------------------------------|---------------------|
| PA | RT B (continu | ied) | | | | |
| | · . !! ! 6 4! | | | | | |
| | nily Informati | | V00 (15 | | to form of the section of the section | |
| טט | | ouse? ⊔ No ⊔ | Yes (If yes, co | mplete #1 with | information about your s | oouse) |
| | Occupation | nlaa | | | | |
| 1 | Name of Employer Annual Salary (Gross) \$ | | \$ | | | |
| | | e (please specify) | \$ | | | |
| | 1 3 11100111 | - (p.odec openiy) | <u> 7</u> | | | I |
| | | | | | | |
| Do | you have any | children? □ No | ☐ Yes (If yes | s, complete #2) | | |
| | Age Name of School or Da | | l or Davcare | Amoun | of Fees Paid by | Other Support Child |
| | 1-9 | | | | Applicant | Receives |
| | | | | \$ | | \$ |
| 2 | _ | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| Financial Information of Parents (Use Canadian Dollars) | | | | | | |
| | Resources | of Parent(s) | | | Father | Mother |
| | Occupation | | | | | |
| 3 | Employer | | | | Φ. | |
| | Annual Salary (Gross) | | \$ | | \$ | |
| Other Income (please specify) | | | \$ | | \$ | |
| Siblings Supported by Parents | | | | | | |
| | Age Name of School/University/Daycare | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

1) Please describe your academic career goals:

PART C • EXPLANATION OF CIRCUMSTANCES

2) On a separate sheet of paper, submit a 200-250 word **typewritten** explanation of your need for financial assistance. **Do not include your name on this sheet, include only your student number.**