** G.I. Bill Benefits at the University of Manitoba**

The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after 30 days. You must have received an honorable discharge to be eligible for the Post-9/11 GI Bill.

The University of Manitoba is an approved institution to receive G.I. Bill benefits; however, we must request on a case-by-case scenario. If you qualify for G.I. Bill benefits please contact our office with the completed information sheet and we will request the program for funding.

If your prospective program is not in this list, please contact us 8 weeks prior to when you intend on starting your study and we can apply for program approval.

Before we can confirm your attendance and costs to Veterans Affairs, you must be fully registered for classes, have applied for benefits and be enrolled in a program that is approved from the listing above. Ensure to plan ahead and submit the application form as soon as possible as funding can take up to four weeks to come into effect.

For more information, and to apply, please go online to <http://www.gibill.va.gov/>

**Once you have applied for benefits, please complete the University of Manitoba’s**

**“G.I. Bill Student Funding Application” (shown on the next page) and submit it to:**

Financial Aid & Awards Office

422 University Centre

65 Chancellors Circle

University of Manitoba

Winnipeg, Manitoba R3T 2N2

telephone (204) 474-8197

email awards@umanitoba.ca

** 2020-2021 G.I. Bill Student Funding Application**

Please note that all fields are mandatory

**Full legal name** (as it appears in your passport):

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UM student#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you already applied online for your G.I. Bill benefits?**

 Yes No – If no, please do so immediately. Without it, you will not receive funding

**Permanent U.S. contact information:**

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State (No abbreviations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP: \_\_\_\_\_\_\_\_\_\_\_ Telephone number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate (next of kin) telephone number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sessional address** (where you will reside during your study period in Canada):

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile/Cell: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Study**: Undergraduate Graduate

**What faculty & department will you be in?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you want anyone to have AUTHORIZED CONSENT on your loan file?**

**No Yes; please read below and designate someone for authorization**

*If you want someone to be able to access your loan information, please list their full name and relationship to the borrower. This authorization will be in place until the end of the student's study period unless cancelled in writing to the Financial Aid & Awards Office. Authorized persons may ONLY receive information pertinent to your loan/funding. Other information such as grade statements will not be granted to anyone but the student in accordance to the University of Manitoba*[*FIPPA*](http://web2.gov.mb.ca/laws/statutes/ccsm/f175e.php)*The Freedom of Information and Protection of Privacy Act.*

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**Name of person you authorize:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Middle Last*

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ex. Spouse, parent, child, friend, etc.)

*I declare that the information above is true and correct; should there be any changes I will submit*

*them in writing to the Financial Aid & Awards Office.*

**Signature: ­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this form to the Financial Aid & Awards Office, 422 University Centre, Winnipeg, MB R3T 2N2**