



1. PERSONAL HISTORY:

NAME: _____ BIRTHDATE: _____
Last _____ First _____ (Day/Month/Year)

UM Student Number: _____ Faculty (current): _____

PRESENT ADDRESS: _____ POSTAL CODE: _____

UM EMAIL ADDRESS: _____ CITY: _____

TELEPHONE: PRIMARY: _____ SECONDARY: _____

ANCESTRY: Status Band _____

Non-Status Inuit Metis Local: _____

Proof of ancestry must be provided to IBEP staff to complete your application.

MARITAL STATUS: Married Single Common-Law

Number of Dependents: _____

2. EDUCATION:

DEGREE: _____

INSTITUTION: _____

MAJOR(s) or CONCENTRATION(s): _____

GRADUATION DATE: _____

Please list any post-secondary education or certificate programs in which you have been/are enrolled (i.e. - college, university, other provincially funded programs, etc.)

Program/Course	Institution	Dates attended	Did you complete?
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been asked to withdraw or have you ever at any time been suspended or placed on probation from any university, college or post-secondary institution? (Check One). Yes No

If yes, please explain _____

3. ALL APPLICANTS:

HOW DID YOU HEAR ABOUT IBEP? (Please specify e.g. friend's name, agency etc.)

List all sources:

4. GOAL STATEMENT:

In your own words provide a short statement of your goals (2 – 3 sentences).

5. AUTOBIOGRAPHY:

Please attach with this application a short autobiography in your own words (250 words minimum). The following ideas and suggestions may be helpful to you. Please include any other information you feel may be helpful in your assessment.

- I - Your present situation
- II - How and when you became interested in business
- III - Your participation in community services (volunteer work, paid employment, personal experience)
- IV - Your strengths and weaknesses
- V - What you have done to prepare for this challenge

6. DECLARATION AND CONSENT:

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 understand that I will attend regular scheduled appointments as scheduled with my IBEP Student Advisor throughout the duration of the academic year.

I understand that a continued membership with IBEP is subject to an annual review and students must maintain a GPA of 2.0 or greater to be eligible for continuation of membership.

I understand that I will complete the annual IBEP evaluation survey in a timely manner to remain a member in good standing.

To the best of my knowledge, I certify that the information contained is true and complete. I realize that any false statement contained in this application may result in my disqualification from IBEP.

Date: _____ Name (please print): _____

Signature: _____

Please mail, fax, or drop off your application to:

Indigenous Business Education Partners (IBEP)
Asper School of Business
378 Drake Centre
University of Manitoba
Winnipeg MB R3T 5V4

Telephone: 204-474-6391
Fax: 204-474-7544

Email: ibep@umanitoba.ca
Website: umanitoba.ca/asper