



# Indigenous Business Education Partners | Application Form

## **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:

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**4. GOAL STATEMENT:**

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

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**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](mailto:ibep@umanitoba.ca)  
Website: [umanitoba.ca/asper](http://umanitoba.ca/asper)