

1. PERSONAL HISTORY: BIRTHDATE: (Day/Month/Year) NAME: (Day/Month/Year) UM Student Number: _____ Faculty (current): _____ PRESENT ADDRESS: ______ POSTAL CODE: UM EMAIL ADDRESS: ______CITY: _____ TELEPHONE: PRIMARY: _____SECONDARY: _____ ANCESTRY: Status ☐ Band Metis Local: Non-Status □ Inuit 🗆 Proof of ancestry must be provided to IBEP staff to complete your application. MARITAL STATUS: Married Single Common-Law Number of Dependents: 2. EDUCATION: HIGH SCHOOL: LOCATION: HIGHEST LEVEL MATH: **GRADUATION DATE:** Please list any post-secondary education or training 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 \(\text{No} \(\text{No} \)

If yes, please explain

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 (at least 2 pages). The following ideas and suggestions may be helpful to you. Please include any other information you feel may be helpful in

I - Your present situation

your assessment.

3. ALL APPLICANTS:

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. (OPTIONAL) UNIVERSITY OF MANITOBA INDIGENOUS COMMERCE STUDENTS MAILING LIST:

IBEP works closely with a student group known as the University of Manitoba Indigenous Commerce Students (UMICS). Throughout the academic year, UMICS coordinates professional, cultural, and social activities for IBEP students and will communicate these opportunities to you via email. Please confirm your interest in receiving emails from the UMICS executive council:
□ I wish to receive emails from the UMICS (IBEP is authorized to release your email contact info to UMICS) □ I DO NOT wish to receive emails from the UMICS (IBEP will not release your email contact info to UMICS)
7. 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):

Please email (preferred) or mail application to:

Signature:

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