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: _____

TELEPHONE: PRIMARY: _____ SECONDARY: _____

ANCESTRY: Status □ Band _____

Non-Status□ Inuit □ Metis □ Local: _____

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

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?

3. ALL APPLICANTS:

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

_____

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 (500 words or fewer). 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. NOTICE REGARDING COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION BY THE UNIVERSITY:

Your personal information is being collected under the authority of *The University of Manitoba Act.* The information you provide will be used by the University for the purpose of determining eligibility for Indigenous Business Education Partners and for communication. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

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.

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: _____

IBEP works closely with a student group known as the University of Manitoba Indigenous Commerce Students (UMICS). Throughout the academic year, UMICS will coordinate a number of 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)

Please mail, 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: 204-474-7401

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