

EMERGENCY ASSISTANCE STUDENT BURSARY

Application

Section A: Personal Information

Student ID Number _____

Last Name _____ First Name _____

Address _____ City _____

Province _____ Postal Code _____ Region/ County _____

Citizenship: Canadian Permanent Resident

Status: Single Dependent Single Independent Married/Common Law Sole Support Parent

If you have dependent children, indicate number of children and their ages:

Section B: Academic Information

College: Medicine Dentistry Nursing Pharmacy CoRS RFHS

Nature of Request:

Total Amount Requested \$ _____

Timeline of Need (ie. specific date,months) _____

For office use only:

Study Period Budget

STUDY PERIOD DATES:

From: _____ To: _____

ACCOMMODATIONS DURING YOUR STUDY PERIOD:

With parents

Other – specify _____

INCOME AND RESOURCES

Estimated study period net employment income _____

Other study period income _____

RESP (amount using this study period) _____

Parent or Spousal Contribution _____

Scholarships and awards _____

Assets (e.g. savings, RRSP, etc.) _____

Total Resources _____

EXPENSES

Do not include computers or car insurance and repairs

Tuition and compulsory fees _____

Rent and utilities/residence _____

Phone and internet _____

Food _____

Local transportation _____

Personal care and clothing _____

Entertainment and recreation _____

Childcare _____

Uninsured medical or dental _____

Total Expenses _____

Section D: Applicant's Declaration and Consent

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 purposes of determining your eligibility for the Emergency Assistance Student Bursary and for communication with the Emergency Assistance Student Bursary committee. Your personal information may be disclosed to other educational institutions, government departments and co-sponsoring organizations. 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.

Declaration

I declare that all of the information that I have given on this form is true and accurate. If any information is inaccurate, I understand that any bursary awarded may be reassessed and/or withdrawn.

Student Signature

Date

Please email your completed application to:

Brenda Loewen
Executive Assistant to Dean & Vice-Provost
Rady Faculty of Health Sciences
Brenda.Loewen@umanitoba.ca

Or mail completed applications to:

Deans Office - RFHS
University of Manitoba
A105 Chown Building
Winnipeg, MB, Canada R3E 0T6

EMERGENCY ASSISTANCE STUDENT BURSARY

The Rady Faculty of Health Sciences (RFHS) Emergency Assistance Student Bursary Program provides short-term assistance to students who encounter unanticipated financial need within the five (5) colleges of the RFHS or a program of the RFHS (e.g. Interdisciplinary Health Program).

FOAP #129251-343000
Award type: Bursary

Terms and Conditions:

- (1) In order to be considered for an Emergency Assistance Student Bursary, a student must:
 - a. Be enrolled full time within one of the five (5) colleges of the RFHS or a program of the RFHS*.
 - b. Demonstrate need as outlined on the RFHS Emergency Assistance Student Bursary application form. As a discretionary bursary, the interpretation of need and therefore the approval in all aspects will rest with the selection committee.
 - c. Demonstrate that the need is acute in nature. The bursary will not continue to provide ongoing support to individuals over extended periods. Students are expected to locate alternate support mechanisms following approval of any bursary.
 - d. Provide any supporting documentation outlined on the application form or as otherwise requested by the selection committee.
- (2) If a student has met the terms and conditions, the selection committee approves the application, and there are available funds, the bursary will be provided.
- (3) Bursaries are subject to available funding in any given fiscal year. Total funding and the date(s) of release of payment(s) is at the discretion of the selection committee.
- (4) Bursaries do not need to be re-paid, subject to section 5. However, should a student suspend, leave their studies or otherwise be withdrawn from his/her program within the RFHS, any approved but not yet released bursary amounts will cease immediately.
- (5) The RFHS reserves the right to withdraw any awarded bursary amount and/or seek repayment of any bursary amounts provided to the student, should a student be found to have misled the selection committee regarding any aspect of their eligibility or their application.
- (6) A student may apply for additional Emergency Assistance Student Bursaries, however, previous approvals and their circumstances, will be taken into consideration by the selection committee in determining approval or refusal.

Selection Committee:

The selection committee shall be comprised of the Dean Rady Faculty of Health Sciences, the Dean of the college of attendance of the applicant, and the Director of Finance Rady Faculty of Health Sciences.

Payment to Student:

Following confirmation of a bursary award by the selection committee, the student will receive payment in a manner that is determined to meet the circumstances for the assistance request.

Est. October 2018