G.I. Bill Benefits at the University of Manitoba



The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after 30 days. You must have received an honorable discharge to be eligible for the Post-9/11 GI Bill.

The University of Manitoba is an approved institution to receive G.I. Bill benefits; however, we must request on a case-by-case scenario. If you qualify for G.I. Bill benefits please contact our office with the completed information sheet and we will request the program for funding.

If your prospective program is <u>not</u> in this list, please contact us 8 weeks prior to when you intend on starting your study and we can apply for program approval.

Before we can confirm your attendance and costs to Veterans Affairs, you must be fully registered for classes, have applied for benefits and be enrolled in a program that is approved from the listing above. Ensure to plan ahead and submit the application form as soon as possible as funding can take up to four weeks to come into effect.

For more information, and to apply, please go online to http://www.gibill.va.gov/

Once you have applied for benefits, please complete the University of Manitoba's "G.I. Bill Student Funding Application" (shown on the next page) and submit it to:

Financial Aid & Awards Office 422 University Centre 65 Chancellors Circle University of Manitoba Winnipeg, Manitoba R3T 2N2 telephone (204) 474-8197 email awards@umanitoba.ca

University Manitoba

Please note that all field	is are mandatory					
Full legal name (as it	appears in your pass	port):				
First:	Middle:	La	st:			
UM student#:	l student#: Social Security Number:					
Have you already ap Yes No – If	plied online for your no, please do so imn			vill not receive	funding	
Permanent U.S. cont	act information:					
Street address:						
City:	Stat	te (No abbrevia	tions):			
ZIP: Te	lephone number: ()				
Alternate (next of kin) telephone number:	()				
Sessional address (w	here you will reside d	luring your stuc	ly period in (Canada):		
Street address:						
City:	Province:		Postal Code:	:		
Home telephone: ()	Mobile/Cell:	()			
Email address:						
Level of Study:	🗌 Undergraduate		Graduate			
What faculty & depa	rtment will you be in	ı?				
Do you want anyone	to have AUTHORIZE please read below a		•			
If you want someone to the borrower. This auth writing to the Financial your loan/funding. Othe in accordance to the Ur	orization will be in plac Aid & Awards Office. A er information such as g	e until the end of Authorized persol grade statements	f the student's ns may ONLY will not be gi	s study period u receive informo ranted to anyon	nless cancelled in ation pertinent to ne but the student	
Name of person you						
Relationship to you: _	Fir		^{Middle} x. Spouse, p	^{Last} arent, child, fr	riend, etc.)	
I declare that the info them in writing to the			hould there i	be any change	es I will submit	

Signature: _____ Date: _____