



## Curtis Nordman Bursary Application Forms

- Purpose:** To encourage students, who demonstrate financial need and academic achievement, to pursue their studies at the Division of Continuing Education.
- Field of Study:** For courses within the Educational Assistant Diploma Program, the Information Technology Program Areas, Professional Studies Program Areas.
- Value:** The scholarship is up to \$500 (and may be divided among differing program area recipients).
- Number:** Maximum one issued per Academic Year
- Conditions:** Candidates must:
- 1) be Canadian citizens or permanent residents (permanent residents are required to submit proof of status with application);
  - 2) be admitted to a Certificate or Diploma Program and have
  - 3) completed at least two of the applicable course requirements
- Deadline:** June 30<sup>th</sup>, annually
- To Apply:** Applications are available at the Registration Office at the Division of Continuing Education, Buhler Centre, 460 Portage Av., Winnipeg, MB

**Please print**

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<b>Family Name(s)</b>	<b>First (Given) Name</b>	<b>Middle Name(s)</b>
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**Current Address**

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<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
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<b>Home Telephone</b>	<b>Business Telephone</b>	<b>Cellular Telephone</b>
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**Fax Email Address**

Certificate or Diploma Program: \_\_\_\_\_

Citizenship:      Canadian ( )      Permanent Resident ( )

Student Number: \_\_\_\_\_

**EDUCATIONAL EXPERIENCE: (List most recent first)**

Please provide copies of all relevant transcripts

<b>Degree/Diploma/Certificate</b>	<b>Institution and year</b>	<b>Program or highest level achieved</b>
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**PERSONAL REFERENCES: (List three)**

<b>Name</b>	<b>Relationship</b>	<b>Length of Acquaintance</b>	<b>Contact Info.</b>
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**APPLICANT'S INCOME**

Please provide proof of current income (e.g. letter from employer, photocopy of cheque stub, UIC benefit stub) This proof of income must be dated within the last two months. If you are currently without a source of income please provide a written explanation.

Employment Status      Full-time ( )      Part-time ( )      Unemployed ( )

From Year/Month	To Year/Month	Name of Employer, UIC, Government Assistance Program	Gross \$ Amount

**SPOUSE'S INCOME**

Please provide proof of current income of spouse or equivalent-to-spouse (e.g. letter from employer, photocopy of cheque stub, UIC benefit stub) This proof of income must be dated within the last two months. If you are currently without a source of income please provide a written explanation.

Employment Status      Full-time ( )      Part-time ( )      Unemployed ( )

From Year/Month	To Year/Month	Name of Employer, UIC, Government Assistance Program	Gross \$ Amount

**Freedom of Information Privacy Protection Act (FIPPA) CLAUSE**

The University of Winnipeg for admission and registration purposes will utilize personal information collected on this form. It is collected under the general authority of the University of Winnipeg Act, in conformity with, and protected under, the Manitoba Freedom of Information and Protection of Privacy Act. The information will be used to admit you as a student, assign you a student number, register you in classes and record your grades, create your permanent student record and provide you with student privileges (library, athletics). It will also be used for accounting and correspondence purposes related to admission and registration. Elements of your personal information may also be provided to program staff to inform you of program and community events, and to University Relations/University of Winnipeg Foundation for alumni contact purposes. Finally, personal information may be used to conduct research into program enrolment and related statistical profiling activities. If you have any questions about the collection and use of this information please contact:

Krista Krueger, DCE FIPPA Contact  
E-mail: k.krueger@uwinnipeg.ca

I declare that I have read and understood the information on this form and that all statements made with respect to this form are true and complete. I understand and I agree to the payment schedule, refund policy and attendance policy of the University of Winnipeg's specific program. I agree, if admitted, to comply with the regulations of the University of Winnipeg.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_