



Fall/Winter 2020-21 Work-Study Program Student Application Form

The Work-Study Program provides on-campus part-time job opportunities for eligible full-time University of Winnipeg undergraduate students. These jobs are available during the Fall/Winter term (October to March). Once we have received your application, we will determine your eligibility and send you an email notification. Within that email we will send you a list of the available jobs. View available jobs and apply to the ones you are qualified for.

Eligibility:

You may be eligible for the Work-Study Program if you meet all of the following criteria:

- Registered in an undergraduate or graduate program at The University of Winnipeg
- Registered in full-time studies (ex. 18 credit hours or more)
- Completed 30 credit hours at The University of Winnipeg (or equivalent)
- Have a minimum cumulative grade point average of 2.0
- Demonstrate financial need (shortage between your expenses and resources)
- Canadian citizen, permanent resident, protected person or an international student with a valid study permit

Deadline: Friday December 4, 2020

Submission Instructions: Send your complete application in one PDF document to awards@uwinnipeg.ca.

- Late and incomplete applications are not accepted.
- We recommend using a scanner app if a smartphone is going to be used to scan.

APPLICANT DETAILS	
Name	
Student Number	

EXPENSE CATEGORY
What situation best describes you? Please choose one of the following: <ul style="list-style-type: none"><input type="radio"/> I am a single student living at home, not paying rent<input type="radio"/> I am a single student living at home, paying rent<input type="radio"/> I am a single student living away from home<input type="radio"/> I am a single parent. Please list the number of dependents you have _____<input type="radio"/> I am a student with a spouse/partner<input type="radio"/> I am a student with a spouse/partner and dependents. Please list the number of dependents you have ____

FINANCIAL RESOURCES – please fill out all three parts**Part 1 - Monthly Resources**

Are you a recipient of Social Assistance or Employment Insurance? If yes, what is your <i>monthly</i> amount?	\$ _____/month
Are you receiving a Child Tax Benefit? If yes, what is your <i>monthly</i> amount?	\$ _____/month
Are you receiving Sponsorship, such as Band Council/Indian Affairs support, employer support, or ETS (Employment Training Services)? If yes, what is your <i>monthly</i> amount?	\$ _____/month
Do you have a part-time or full-time job? If yes, what is your average <i>monthly</i> salary (after taxes)?	\$ _____/month
Please list the estimated <i>monthly</i> total of any other resources that you may receive that were not listed above	\$ _____/month
Total monthly resources	\$ _____/month

Part 2 - Sessional Resources

Savings at start of the current session	\$ _____
Contributions from parents/family members	\$ _____
Contributions from spouse/partner	\$ _____
List the total awards, scholarships, or bursaries you have received for the current session	\$ _____
List the total assets (RESP, RRSP, Bonds, RHOSP, etc.) you will be using for the current session	\$ _____
Total sessional resources	\$ _____

Part 3 - Student Aid and Other Lenders

Are you receiving Manitoba Student Aid (MSA) funds? Yes No

Are you receiving government student aid from another province in Canada? Yes No

Are you receiving government student aid from another country (e.g., U.S.)? Yes No

If Yes to any of the above, enter the amount of student aid (loans and grants)? \$ _____

Do you have a student line-of-credit or a student bank loan? Yes No

If Yes, what is the amount of your line-of-credit or loan? \$ _____

MANITOBA FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Applicants are required to consent to the use of their personal information. If there are questions concerning the retention, use, or disclosure of personal information, applicants may wish to visit: www.uwinnipeg.ca/privacy

DECLARATION AND CONSENT

- All information in this application is true and complete to the best of my knowledge.
- I understand that if this information is found to be untrue my application will be cancelled and my Work-Study position terminated.
- I can only hold one Work-Study position at a time.
- If my enrolment status changes during the year and I am no longer full-time, I will inform my employer.
- I will provide any additional information required of me in connection with this application.
- As a part-time employee of the University I agree to perform my duties accordingly.

Student Signature

Date (YYYYMMDD)