



ASSINIBOINE COMMUNITY COLLEGE - TUITION WAIVER APPLICATION FORM

Bursary program for current and former youth-in-care

- Nine colleges and universities in Manitoba offer a limited amount of Tuition Waivers for current and former youth-in-care
- Bursary may cover the tuition of a *certificate, diploma or undergraduate program**
- Tuition Waiver students are also eligible for *Living Supports* through Skills and Employment Partnerships (SEP) to sponsor books, supplies and a biweekly living allowance

Participating Institutions



*Student fees and program deposits may not be covered

ELIGIBILITY:

- ✓ Must be a current or former youth-in-care in Manitoba (no age requirement)
- ✓ Meet the program admission requirements and have applied directly to the college or university
- ✓ Be applying for full-time studies (at least 18 credit hours per year or 60% course load)
- ✓ UM, UW, USB, and Booth UC applicants - must demonstrate financial need

RENEWAL:

- ✓ Maintain a 2.0 GPA (Grade level C)
- ✓ Maintain full-time student status (at least 18 credit hours/year or 60% course load)
- ✓ UM, UW, USB, and Booth UC students – continue to demonstrate financial need
- ✓ Maintain continued contact with Futures Forward, your post-secondary institution, and your Career Development Consultant (CDC)

TO APPLY:

1. Research various post-secondary program options

- Review program websites, attend information sessions, open houses, and/or tours
- Review admission requirements, prerequisites, and deadlines
- Meet with Futures Forward & post-secondary recruitment staff

2. Apply directly to the school of your choice

- Submit application fee and necessary transcripts/documentation
- Pay program deposit, if applicable

3. Apply for a Tuition Waiver before the **March 31 deadline** (for the following school year)

- Application forms are available online at: futuresforward.ca/tuition-waivers
- Apply for other funding options as well, such as band sponsorship, Manitoba Student Aid, and other bursaries and scholarships: futuresforward.ca/scholarship-guide

For more information and transitional supports to post-secondary, contact:

Sam Olea
Outreach Coordinator
204-987-8661 x 672 | solea@yesmb.ca

Laura-Lynne Hildebrand
Tuition Waiver Coordinator
204-987-8661 x 671 | lhildebrand@yesmb.ca

Program Information

| | | | |
|--|---|--|---------------|
| What program did you apply to? | | | |
| Anticipated start date: | | Student Number (If applicable) | |
| Source of Income: | Employed Provincial Assistance (EIA) | Self-Employed Employment Insurance (EI) | None Other |
| How long have you been looking for employment? | | | |

Career Goals

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| <p>Write and attach a 500 word essay including the following:</p> <ul style="list-style-type: none">· Tell us about yourself and your life experience· What are your educational goals and how did you arrive at them?· Is there anything that might keep you from being successful?· What supports do you have in your studies?· What are your plans for after you graduate? |
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As part of our funding agreement, we require the following privacy and consent forms to be signed. Please note Futures Forward is compliant with all FIPPA and PIPEDA laws.

Consent Form/Release of Information

I hereby authorize the exchange of information between the Province of Manitoba, Child and Family Services, Futures Forward, and recognized post-secondary institutions in Manitoba, as it relates to the Tuition Waiver Program, including but not limited to:

- Verification of school acceptance;
- End-of-term reports including credit hours and grades as it relates to my studies;
- General comments about my progress, attendance, and any financial information related to my student loan, grants or waiver

The purpose of exchanging information is to determine eligibility for a Tuition Waiver and accompanying supports. By signing this application form, I hereby verify that the information that I have provided is true. Should any part of the information included in this application package change for any reason, I agree to immediately alert Futures Forward of these changes. I also consent to Futures Forward verifying that I have been in the care of the Department of Families and that I am registered as a full time student at a recognized post-secondary educational institution in Manitoba.

| | | |
|---|------------|-------------------|
| _____ | / / | _____ |
| Digital Signature (type your full name) | | Date (YYYY/MM/DD) |

Please submit this form **ELECTRONICALLY as an e-mail attachment to:**

| | |
|--|----------------------|
| Laura-Lynne Hildebrand, Tuition Waiver Coordinator | |
| 204 987 8661 Ext. 671 | lhildebrand@yesmb.ca |

All applicants will receive a confirmation email that the application has been received.

If your email or phone number changes, please notify us at lhildebrand@yesmb.ca

PRIVACY NOTICE AND CONSENT FORM SKILLS AND EMPLOYMENT PARTNERSHIPS



Skills and Employment Partnerships (SEP), within the Government of Manitoba's Department of Jobs and the Economy works with employers, service providers, educational institutions, municipal, provincial and federal government departments, Manitoba Hydro, and agencies to provide a broad range of training and employment services to eligible participants ("services").

PRIVACY NOTICE

SECTION 1. WHY SEP NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

SEP needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in SEP services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in SEP services,
- to administer and enforce SEP services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

SECTION 2. OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information, if applicable, is necessary to provide you with SEP services, and to carry out the activities of SEP. Your personal information is collected under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba (PHIA). SEP limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. SEP cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

SECTION 3. WHO DO I CONTACT IF I HAVE QUESTIONS

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact SEP at (204) 945-0575 or toll free at 1-866-332-5077.

CONSENTS

In entering your personal information and personal health information, if applicable, into SEP's case management system, or authorizing SEP or another person to do so for you, you are consenting to SEP's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.

SECTION 4. INFORMATION I AGREE TO PROVIDE TO SEP

I agree to provide SEP with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in SEP services and to carry out the purposes described above in section 1:

- full name, telephone number and address,
- e-mail address and fax number (if any),
- birth date,
- gender,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in SEP services,
- training or employment testing and reports,
- employment status: employed / self employed / not employed,
- employment plans,
- work experience,
- availability,
- follow-up information after completion of SEP services, including satisfaction with services received, employment status, whether SEP services prepared me for future employment, credentials or certifications achieved through SEP services, and my earnings, and
- social insurance number (S.I.N.).

I also agree to provide SEP with any changes to my personal information and personal health information, if applicable, in a timely manner.

SECTION 5. CONSENT TO SEP OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to SEP collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to SEP providing such information about me as may be necessary to obtain the information SEP requires, and I consent to the persons and bodies disclosing the information to SEP:

- details about my progress in SEP services,
- employment testing and reports,
- employment plans,
- medical reports related to employment,
- work experience,
- availability,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with SEP,
- my schools and educational and training institutions,
- my physician _____,
- my other health care professionals: _____, and
- any Manitoba government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; Manitoba Healthy Living, Seniors, and Consumer Affairs; Manitoba Children and Youth Opportunities; Manitoba Advanced Education and Literacy; Manitoba Family Services and Labour; and Manitoba Immigration and Multiculturalism.

SECTION 6. CONSENT TO SEP DISCLOSING MY INFORMATION

I consent to SEP disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; Manitoba Healthy Living, Seniors, and Consumer Affairs; Manitoba Children and Youth Opportunities; Manitoba Education and Advanced Learning; Manitoba Family Services; and Manitoba Labour and Immigration; and Manitoba Multiculturalism and Literacy,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with SEP, and
- consultants under contract with SEP to conduct research and evaluation of SEP services.

SECTION 7. HOW LONG DOES MY CONSENT LAST

My consent will last for 4 years.

SECTION 8. CAN I WITHDRAW MY CONSENT

I understand that I may withdraw my consent at any time by contacting SEP in writing. However, I also understand that if I withdraw my consent, I will no longer be eligible to receive SEP services.

OPTIONAL SELF DECLARATION INFORMATION

SEP wishes to obtain the following self declaration information from you for research and planning, reporting, monitoring, evaluation and accountability purposes.

Providing this self declaration information is optional. Not providing it will not affect your eligibility for SEP services, but it may be to your benefit to provide this information.

1. **Aboriginal Person** – North American Aboriginal ancestry (Métis/Inuit/Status Indian/Non-Status Indian)
2. **Person with disabilities** – I have a long-term or recurring impairment and:
 - consider myself to be disadvantaged in employment by reason of that impairment, or
 - believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment
3. **Member of a Visible Minority** – other than an Aboriginal person. Because of race or colour I am considered a visible minority.
4. **Immigrant** – I am a person who is or has been a landed immigrant in Canada (i.e. a permanent resident). A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities.

By providing my digital signature below, I agree that all of the above information is correct to the best of my knowledge. If any of the above information changes, I will inform Youth Employment Services.

Digital Signature (type your full name)

Date (YYYY/MM/DD)



DO NOT COMPLETE IN BROWSER
Download to your computer and
complete, then attach to e-mail.

ACC will annotate the student file to indicate that a Youth in Care tuition waiver has been granted.

The waiver applies to *tuition* fees only. If you have already been accepted to a program and were asked to pay a tuition deposit please note this fee **MUST** still be paid. The deposit secures your seat in the program and will be applied to the fees the tuition waiver does not cover. The student is responsible for all other fees assessed by, (this includes, but is not limited to the following fees: application, testing, laboratory and materials, student services, students' association, assessment, parking, printing).

ACC will provide written confirmation to each recipient of the Youth in Care Tuition Waiver and copy to relevant Manitoba Child Welfare Authority.

The sponsoring Child Welfare Authority and the student is aware that the student is responsible for all remaining fees, (application fee, commitment fee, laboratory fees, materials fees, student services fees, students' association fees and another other ancillary fees, including but not limited to textbooks, tools supplies, supplemental fees, parking fees etc.)

The sponsoring Child Welfare Authority will complete and submit a [Sponsorship Authorization Form](#) to ACC if textbook costs are to be sponsored.

I understand that if another agency wishes to sponsor the above student for any/all of the remaining fees, they must also complete and submit a [Sponsorship Authorization Form](#) to ACC.