

# Application 2023

## Advancing Futures Bursary

Support for youth and young adults in and from care  
currently attending post-secondary education

### Am I Eligible?

To be eligible for the Advancing Futures Bursary, applicants **must** be:

- A resident of Manitoba
- Currently or previously in the care of a Manitoba Child and Family Services agency
- A current student at a recognized post-secondary institution in Manitoba (attended a post-secondary school from September 2022 to May 2023)
- A full-time or part-time student

Previous applicants and recipients of Advancing Futures Bursary are eligible to re-apply. Priority will be given to first time applicants.

### How Do I Apply?

- Complete the Advancing Futures Bursary application and consent form.
- A copy of your most recent academic transcript (official transcript preferred) must be submitted.
- Provide a cover letter (or include with Section 6 of the application) describing why you chose your post-secondary program, your academic field of study, employment goals, and why the Advancing Future Bursary is required to be successful.
- **NOTE:** First-time applicants are required to provide a letter from their current or previous CFS agency confirming you are or have been a former ward of the agency.

### Bursaries up to \$10,000

Based on:

- Demonstrated financial need
- Good academic standing
- Demonstrated career focus

**Eligible Programs:** Diploma or degree through a recognized post-secondary institution

Apprenticeship Technical Training is NOT eligible

## APPLICATION DEADLINE

**September 30, 2023**

**Incomplete applications will NOT be considered**

### Submit by:

Email: [youthpartnerships@gov.mb.ca](mailto:youthpartnerships@gov.mb.ca)

Mail: WORKFORCE, TRAINING AND  
EMPLOYMENT  
ADVANCING FUTURE BURSARY  
230-800 PORTAGE AVENUE  
WINNIPEG MB R3G 0N4

Financial support will be determined based on applicant needs, demand for the bursary and available financial resources

## ADVANCING FUTURES BURSARY APPLICATION 2023

### Part 1: Personal Information (required)

**We want to know who you are and how to contact you if you are awarded a bursary**

Name (in full): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Gender Identity:  Female  Non-Binary  Not Declared  
 Male  Transgender

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employment Status:

I am currently:  Working full-time  Working part-time  Not working

How did you hear about the Advancing Futures Bursary? \_\_\_\_\_

I have received an Advancing Futures Bursary in the past:  Yes  No

If Yes, what year(s)? \_\_\_\_\_

### Declaration

Disability:  Yes  No  Not Declared

Visible Minority:  Yes  No  Not Declared

Indigenous Status:  Inuit  Métis  Status – On Reserve

Status – Off Reserve  Non-status

None  Not Declared

Marital Status:  Single  Married or Equivalent  Not Declared

Dependents:  Yes  No  Not Declared

If Yes, # of dependents: \_\_\_\_\_

Immigrant/Refugee:  Yes  No  Not Declared

If Yes, landing date (year only): \_\_\_\_\_

**Part 2: Child Welfare History (required)**

**We need to confirm your involvement with CFS**

Name of Agency: \_\_\_\_\_

Status with Agency:  Currently on an Agreement with Young Adult (AYA)

Former Permanent Ward

Former Temporary Ward

**First-time applicants MUST provide a letter from their previous CFS agency confirming they are a current or former ward of the agency**

Location of Agency: \_\_\_\_\_

Agency Contact Name (optional): \_\_\_\_\_ Phone: \_\_\_\_\_

**Part 3: Education Information (required)**

**We want to understand your educational goals**

What post-secondary institution are you currently attending? \_\_\_\_\_

Campus location: \_\_\_\_\_ What are you studying? \_\_\_\_\_

How long is your program? \_\_\_\_\_

How many credit hours have you completed? \_\_\_\_\_

What year are you in your program? \_\_\_\_\_

What year do you plan to graduate? \_\_\_\_\_

Type of Program:  Degree  Diploma  Certificate

You are attending:  Full-time  Part-time

**Part 4: Student Finances (required)**

**We need to understand your financial needs when awarding the bursary (household income/expense)**

What is your total **estimated expenses** during the academic year (September 2022 – May 2023)?

<b>Item</b>	<b>Amount</b>
<b>Housing</b>	
Rent/Mortgage	
Property Taxes/Insurance	
Utilities/TV/Internet	
<b>Debts</b>	
Student Loan	
Credit Cards and other loan payments	
Other (e.g. child support)	
<b>Transportation</b>	
Car Payments	
Monthly gas and parking	
License/Insurance	
Maintenance/Repairs	
Bus Fare/Pass	
<b>Other</b>	
Food/Groceries	
Child Care	
Clothing (family and self)	
Prescriptions/Dental/Glasses	
Misc. (approx. 10% of monthly costs)	
<b>TOTAL EXPENSES</b>	
<b>Training Costs</b>	
Tuition Fees	
Books	
Supplies	
Student Fees	
Other	
<b>TOTAL TRAINING COSTS</b>	

What is your total **income and/or other support** during the academic year (September 2022 – May 2023)?

<b>Item</b>	<b>Amount</b>
Employment Insurance (EI) Benefits	
Job Earnings (net)	
Child Tax Benefit	
Employment & Income Assistance	
Worker's Compensation	
Child Support/Spousal Support	
Support from Band/Tribal Council, Indigenous and Northern Affairs, MMF	
Manitoba government support (WTE living supports, Student Aid)	
Tuition Waiver	
Bursaries/Scholarships	
Other	
<b>TOTAL INCOME</b>	

**Additional Information (required)**

Should you be a successful recipient, how do you plan to utilize the funds?

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How will receiving the Advancing Futures Bursary impact your success at school?

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Would you be interested in participating in a future media event or focus group about Advancing Futures?

- Yes       No

**Part 5: Services and Supports (required)**

**We want you to know about other supports that may be available to you**

Are you eligible for a tuition waiver through your university/college?

- Yes, I am currently receiving a tuition waiver
- Yes, I have applied for a tuition waiver
- No, I am not eligible for a tuition waiver

Please explain why: \_\_\_\_\_  
\_\_\_\_\_

- No, I don't know about it

Are you aware of the services available to you through Futures Forward?

- Yes, I am currently using these services
- Yes, I have used these services in the past
- No, but I would like more information about Futures Forward
- No, I don't know about Futures Forward

Are you aware of the employment and training services available through the government of Manitoba?

- Yes, I am currently using these services
- Yes, I have used these services in the past
- No, but I would like more information
- No, I don't know about it

Is this your first post-secondary program – if not, what other programs have you completed?

- Yes
- No

If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

Can we contact you about your experience in applying for the Advancing Futures Bursary?

- Yes
- No

**Part 6: Career Plans (required)**

**We want to know (clearly outline) about your education goals and plans for the future**

Why have you chose your post-secondary program/field of study?

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What are your career goals and why? Please explain how your program of study applies to your career goals.

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What supports have you used while you work towards your educational goal? E.g. Family, friends, social worker, support network, etc. Please provide details about how they assist you.

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Are there other programs/services that have helped you? (optional)

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Is there other information you feel would be helpful for the Selection Committee to know? (optional)

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## **Part 7: Privacy Notice and Consent Form (required)**

### **PRIVACY NOTICE AND CONSENT FORM**

Workforce Training and Employment (WTE), within the Government of Manitoba's Department of Economic Development, Investment and Trade works with employers, service providers, educational institutions, municipal, provincial and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

### **PRIVACY NOTICE**

#### **SECTION 1: WHY WTE NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")**

WTE 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 WTE services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in WTE services,
- to administer and advertise WTE services,
- to identify and direct you to appropriate WTE 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 WTE services, and to carry out the activities of WTE. 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). WTE 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. WTE 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 WTE 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 WTE's case management system, or authorizing WTE, a service provider working for WTE, or another person to do so for you, you are consenting to WTE'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 WTE

I agree to provide WTE 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 WTE services and to carry out the purposes described above in section 1:

- social insurance number,
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in WTE services,
- training or employment testing and reports,
- employment status: employed/self employed/not employed,
- employment plans,
- work experience,
- availability,
- Indigenous person,
- person with disabilities,
- member of a visible minority,
- immigrant/refugee,
- marital status
- dependents
- follow-up information after completion of WTE services, including satisfaction with services received, employment status, whether WTE services prepared me for future employment, credentials or certifications achieved through WTE services, and my earnings

I agree to provide WTE with any changes to my personal information and personal health information in a timely manner.

### SECTION 5: CONSENT TO WTE OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to WTE 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 WTE providing such information about me as may be necessary to obtain the information WTE requires, and I consent to the persons and bodies disclosing the information to WTE:

- social insurance number
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- details about my progress in WTE services,

- employment testing and reports,
- medical reports related to employment,
- EI eligibility status,
- EI client status,
- EI claim information,
- language (English or French),
- provincial parental benefits,
- interventions,
- indigenous person,
- person with disabilities,
- member of a visible minority,

Persons or bodies:

- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with WTE,
- my schools and educational and training institutions, and
- any Manitoba (MB) 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;
  - MB Health & Seniors Care;
  - MB Mental Health, Wellness & Recovery;
  - MB Advanced Education, Skills and Immigration;
  - MB Education;
  - MB Families;
  - MB Justice;
  - MB Indigenous and Northern Relations;
  - MB Municipal Relations;
  - and MB Crown Services.

## **SECTION 6: CONSENT TO WTE DISCLOSING MY INFORMATION**

I consent to WTE 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; MB Health & Seniors Care; MB Mental Health, Wellness & Recovery; MB Advanced Education, Skills and Immigration; MB Education; MB Families; MB Justice; MB Indigenous and Northern Relations; MB Municipal Relations; and MB Crown Services,
- 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 WTE,
- service providers under contract with WTE to assess your training and employment needs and record your enrolment in WTE services, and
- consultants under contract with WTE to conduct research and evaluation of WTE services.

## **SECTION 7: HOW LONG DOES MY CONSENT LAST?**

I understand that the consents I have given will not be limited by time.

## **SECTION 8: CAN I WITHDRAW MY CONSENT?**

I understand that I may withdraw my consent at any time by contacting WTE in writing. However, I also understand that a withdrawal is not retroactive, and if I withdraw my consent, I will no longer be eligible to receive WTE services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: You must notify the department if there are changes in your school situation, including program withdrawal and/or reduced course loads.

Email: [youthpartnerships@gov.mb.ca](mailto:youthpartnerships@gov.mb.ca)

# 2023 Advancing Futures Bursary

## Checklist for Submission

Please ensure that the following information is complete  
and submitted with your application

All required fields must be complete in order to submit the form

- Copy of official transcript**
  - Official transcript is preferred – attach to email or include as part of your mailed application
- Copy of letter from your current or previous CFS agency**
  - For first-time applications
- Completed application including all required sections**
  - Personal Information
  - Child Welfare History
  - Educational Information
  - Student Finances and additional information
  - Services and Supports
  - Career Plans
- Signed Privacy and Consent Form**

### SUBMIT BY EMAIL

[youthpartnerships@gov.mb.ca](mailto:youthpartnerships@gov.mb.ca)

### SUBMIT BY MAIL

WORKFORCE, TRAINING AND EMPLOYMENT  
ADVANCING FUTURE BURSARY  
230-800 PORTAGE AVENUE  
WINNIPEG MB R3G 0N4