Bursary Application for Indigenous Students in a Business-Related Program the 2024–25 school year in Manitoba



- Please include the following with your application form:

 Copy of most recent post-secondary transcript or copy of final high school transcript for first year students
 Proof of Indigenous ancestry

Resume and cover	er letter (including your go	als, career plans c	and communit	y involver	ment)		
STUDENT INFORM	MATION (Please print clearly)						
Applicant name	Curr	Current address					
City Province		Postal code Home phone		phone	Cell phone		
Permanent address	S (if different from above)	C	City			Province	Postal code
Post-secondary institution		Current year of study Program durati		ation (years)	ears) Program of study		
INDIGENOUS AN	CESTRY						
☐ Inuit☐ Métis☐ Non-status☐ Treaty/Status		Are you interested in employment with Assi ☐ Yes, summer employment ☐ Yes, per			ussiniboine Credit Union? Dermanent employment		
					•	t employment	a No, thank you
	NANCIAL NEED (Students w	ho are or may be receiv	ing funding are stil	l eligible to c		h	l fau fundina hu a
Residency while in school: ☐ on my own		☐ subsidized housing			Have you been approved for funding by a First Nation, Métis or Inuit Organization?		
 with spouse or common-law partner with roommate(s) with parent(s) with child(ren) 		student residence therefore the student residence			☐ Yes		Pending
					Name of funding organization		
How many children							
have under the age	e of 18?						
FINANCIAL INFO	RMATION (Annual school year	costs)					
Net employment income		Tuition		tion			
Net income from sp	oouse or partner	Books					
E.I. benefits		Student fees					
Child tax benefit		Housing/rent					
Parental contribution	on	Food					
Social assistance		Utilities					
Student loans			Transportation				
Confirmed bursaries/scholarships			Debt payments				
Other income (pleas		Other expenses (please identify					
TOTAL	OTAL			TOTAL			
I certify that I have	e carefully read the forego	ing application a	nd that the st	atements	made by m	ne therein are co	orrect.
Χ			11				
Applicant's signatu	Date	Date (MM/DD/YYYY)					
Please submit your	r completed application a	nd the additional	documents re	equired b	y one of the	following meth	ods:
By mail: Assiniboine Credit l	Union-People Solutions: B	ursary Program	By email: peoplesolu	utions@ac	cu.ca	By fax 204.47	: '8.5525
6th floor, 200 Main		For more information visit acu.ca					