



TUITION WAIVER PROGRAM INFORMATION

Bursary program for current and former youth-in-care

- Ten 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 Workforce Training & Employment (WTE) to sponsor books, supplies and a biweekly living allowance

Participating Institutions



ELIGIBILITY: *Student fees and program deposits may not be covered

- ✓ 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 participating college or university
- ✓ Be applying for full-time studies (at least 18 credit hours term year or 60% course load)
- ✓ Individuals with a verified permanent disability may be eligible to have part-time studies covered
- ✓ UM, UW, USB, CMU 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/term or 60% course load)
- ✓ UM, UW, USB, and CMU students – continue to demonstrate financial need
- ✓ Reconnect with Futures Forward, post-secondary institution, and Career Development Consultant (CDC)

IMPORTANT NOTES:

- Applicants who were a **previous youth-in-care** may need to submit a letter from their CFS agency to verify eligibility
- Please note that in order to receive a Tuition Waiver, applicants **MUST** apply to the chosen institution, receive a letter/email of acceptance and where applicable, pay the necessary program deposit fee of up to \$400.
- A 500-Word essay is also needed to compete the Tuition Waiver application, more details on the application

HOW 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 31st, 2024 deadline** (for the 2024-2025 school year)**
 - Application forms and other information about other funding options such as band sponsorship, Manitoba Student Aid, and other bursaries and scholarships, are available online at: <https://futuresforward.ca/education/paying-for-post-secondary-school/>
 - Download application form to your computer before filling it out

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

Chelsey Finney
Post-Secondary Education Advisor
204-987-8661 ext. 672 | cfinney@yesmb.ca

Evan Forest
Outreach Coordinator
204-987-8661 ext. 671 | eforest@yesmb.ca

Manitoba Institute of Trades and Technology

Tuition Waiver Application

Ten post-secondary institutions in Manitoba have established a fund to support **current and former youth in Child and Family Services (CFS) care** to attend post-secondary education. Each institution have their own admission and renewal requirements that you must meet in order to maintain eligibility for this bursary program. As well, Futures Forward helps administer the Tuition Waiver program but each post-secondary institution is in charge of their own admissions and acceptance process. Tuition Waiver students may also be eligible for living supports through Workforce Training & Employment (WTE) to cover the cost of books, supplies and a bi-weekly living allowance. **You must apply for admission to one of the participating institutions in order to qualify for a Tuition Waiver and its associated funding.**

We recommend you apply for admission to the post-secondary institution by March 1

Deadline for 2024/2025 Tuition Waiver Applications: **March 31, 2024**

Personal Information

How did you hear about the Tuition Waiver Program?		
Do you have a Social Insurance Number?	Yes	No
Date:		
Last Name:	First Name:	Chosen Name:
Address:	Phone Number:	
City:	Alternative Number:	
Postal Code:	Email:	
Date of Birth:	Alternative form of contact (FB, IG, etc.):	
Do you have any Dependents?	Yes	No
Gender Identity:		
Number of Dependents:	Gender Pronouns:	
Are you a member of a Visible Minority?	Visible Minority: This category includes persons who are non-Caucasian in race or non-white in colour and who do not report being Indigenous	I am a current youth-in-care I am on an Agreement with Young Adults (AYA) I am a former youth-in-care
Yes	No	
Indigenous Status:	None	Unknown
Residency Status:	If Permanent Resident or Refugee ONLY	
First Nations Status	Metis	Non-Status
Landing Year:		
CFS Authority you were involved with?	Unknown	Metis Child and Family Services
First Nations of Northern Manitoba	Southern First Nations Network of Care	General Child and Family Services

Current Education

Highest Level of Education:	Year Completed:
School:	
Do you have any disabilities that may impact your education?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

Program Information

What is your intended program or area of study?	
Anticipated Start Date:	Student Number (if applicable):

Futures Forward Services

Please check off any of the other Futures Forward services you're interested in obtaining (Optional)			
Educational Planning and help	Indigenous Cultural Programming	Income Tax Assistance	
Resume, Cover Letters, Job Search Assistance	Service Navigation (situations, Government Processes, Acquiring, ID, SIN, etc.)	Housing Support	
Training (CPR/First Aid, Food Handlers, etc.)	Mental Health Counselling	Skills or Support Groups	
Financial Counselling	Financial Information/Navigation		
Source of Income:	Self-Employed	Provincial Assistance (EIA)	Employment Insurance (EI)
Other:		Employed	None

Career Goals Essay

<p>Write and attach on a separate document, 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? <p>Reminder:</p> <ul style="list-style-type: none"> - Please keep all essays under 500 words - It can be a word document, PDF or hand-written essay - A photo can be taken of the hand-written essay and attached with the application

Deadline for 2024/2025 School Year Applications: March 31, 2024

Please note that late and/or incomplete applications may not be considered

Futures Forward and the Tuition Waiver Program **Privacy, Consent and Release of Information**

Futures Forward is a collaborative program across three separate organizations (Youth Employment Services Manitoba, Canadian Mental Health Association, and Community Financial Services). In order to receive and access services, all participants must read and consent to the following use of their information.

Privacy

Purpose:

1. Information is collected in order to:
 - Determine eligibility for Futures Forward services
 - Monitor and record services received
 - Administer and advertise Futures Forward services
 - Help direct you to relevant Futures Forward services
 - For research, planning, reporting, monitoring, evaluation, and accountability purposes.
2. Who the information is shared with:
 - Information is shared between the three partner agencies in order to help provide wrap around services to clients. Information is stored on a secure server and only accessed in order to provide services, contact participants, make referrals, and report to funders.
 - Any demographic information is kept for reporting purposes, and will not include specific client identities when being used.
3. Who I contact with concerns:
 - For concerns about the collection, use, or disclosure of your personal information you can contact Futures Forward at futuresforward@yesmb.ca

Consent

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.

I agree to provide the following personal information to Futures Forward. I understand the information collected is necessary to receive services from Futures Forward.

- Full name, address, and contact information
- Birth date
- Gender identity
- Demographics information
- In care status and contact information to relevant agencies and social workers
- Detailed information pertaining to specific services (i.e. additional intake information regarding supports, employment, etc.)

I acknowledge I have given this information freely in order to receive Futures Forward services.

I understand that case notes related to services received will be recorded by the Futures Forward staff and kept in a secure location. Information will only be accessed in relation to the services I receive.

I understand and consent for my information to be shared with relevant parties pertaining to the services I am receiving.

I understand that Futures Forward keeps client files each year to track intake information, however I may withdraw my consent at any time in writing to Futures Forward. I also understand that if I withdraw my consent at any time, I may no longer be eligible for Futures Forward services and the Tuition Waiver Program

Consent and Release of Information

In order to support Tuition Waiver students, Futures Forwards must verify information and care status with appropriate Child and Family Services (CFS) authorities. Information regarding application status will be made available to the appropriate social worker, and it is the responsibility of the student to update the Futures Forward team on any changes in care status or social worker contact information.

Furthermore, in order to set up living supports through the Tuition Waiver program, relevant information such as contact information, social worker contact information, and application status will be shared with Workforce Development and Training (WTE).

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 Waivers, 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

By signing this application form, I hereby verify that the information that I have provided is true. I also consent to Futures Forward verifying that I have been in the care of the CFS authorities and that I am registered as a full-time student at a recognized post-secondary educational institution in Manitoba.

Participant Signature

Date

Media Consent

I give Futures Forward the permission to take photographs of their services that I may be taking part of. I understand that specific photos of myself I will be asked for further consent, but also that existing in the spaces of Futures Forward activities may cause my likeness to be captured. **(voluntary)**

Participant Signature

Date

Please submit this form **ELECTRONICALLY by clicking the submit button below:**

If the submit button does not work, please send the form via email to:

Chelsey Finney – Post Secondary Education Advisor	
204-987-8661 ext. 672	tuitionwaiver@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 tuitionwaiver@yesmb.ca, as we will need to contact you throughout the year



Consent to Release Student Information

Student Name: _____ Student ID: _____

I voluntarily authorize and consent to the release of information, held by MITT, specific to the following (check boxes, as applicable). *Consent will expire two years from the signature date below or when MITT is informed otherwise in writing to enrolment@mitt.ca.*

Academic Inquiries:	Financial Inquiries:
<input type="checkbox"/> Current student status (<i>Full/Part-time status, Regular/Suspension status, etc.</i>) <input type="checkbox"/> Current course registration/schedule <input type="checkbox"/> Complete student academic history <input type="checkbox"/> Confirmation of program completion and graduation eligibility <input type="checkbox"/> Grades	<input type="checkbox"/> Amounts owing on my account <input type="checkbox"/> Payments made on my account <input type="checkbox"/> Status of account (<i>past due, registration cancelled, sent to collections, etc.</i>)

The information checked off above may be released to the following person(s), agency or organization(s):

1. Name of designate/agency/organization: _____

Email address: _____

2. Name of designate/agency/organization: _____

Email address: _____

3. Name of designate/agency/organization: _____

Email address: _____

I understand I have the right to rescind the permission(s) granted to the above noted designate/agency/organization at any time by writing to enrolment@mitt.ca.

By signing this form, I am explicitly granting access to elements of my personal/academic information to the person/organization designate on this document. I hereby agree to save harmless MITT from any present or future claims by myself, my heirs, or assigns for releasing the above information. MITT will not release student account username(s) and/or password(s), or Tuition and Education Credit Certificates (T2202A Tax Receipts) to anyone other than the student.

I understand it is my responsibility to become familiar with MITT's policies and read the Freedom of Information and Protection of Privacy Act (FIPPA) <https://mitt.ca/privacy>. MITT collects and protects personal information under the authority of the Freedom of Information and Protection of Privacy Act (FIPPA) for the purpose of operating the programs and services of the College. More information about FIPPA is at <http://www.gov.mb.ca/chc/fippa>.

Signature of Student: _____ Date: _____

Office Use Only:

Date Received: _____ Date Entered: _____