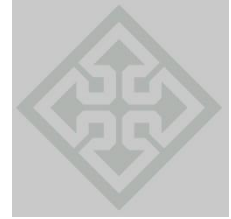




## HEALTH SCIENCES CENTRE Education Trust Fund



### **FINANCIAL ASSISTANCE FOR PART-TIME COURSES** **STATEMENT OF POLICY**

#### **FUNDING IS NOT GUARANTEED**

Approval for complete or partial funding is dependent on monies available and previous funding of the applicant in the fiscal year.

1. For each fiscal year of the Health Sciences Centre Manitoba Nurses' Union Local 10 Education Trust Fund (ETF), monies allocated in its budget will be available for MNU Local 10 members.
2. The funds will be made available to those individuals who are pursuing further part-time studies (credit/non-credit courses) in labour relations, nursing, fields related to nursing, or areas which could apply to positions in nursing.

#### **THE FOLLOWING ARE REQUIRED**

1. **PHOTOCOPY OF MARKS** – If not available at time of submitting application, a letter from the professor(s) stating successful completion will be accepted.
2. **CONFIRMATION OF FEES/ORIGINAL COURSE RECEIPT** – Is required for University or Community College course(s). The student's name must appear on the receipt.

#### **NOTE**

1. Applications are processed for payment three (3) times a year, normally in the months of June, September and December.
2. Payment will be made for tuition costs upon proof of completion of course(s). Student or other miscellaneous fees are not eligible for funding.
3. Applications must be received no later than sixty (60) days after completion of course.
4. The maximum funding any one individual is eligible to receive for part-time courses is \$1,000.00 in a calendar year. (the year is defined as January 1<sup>st</sup> to December 31<sup>st</sup>).
5. Funding will be at 50% of total costs up to \$1,000.00 maximum/year.
6. If required, by limited monies, preference may be given to applicants who have not received monies from the ETF.
7. Application forms are available by calling 775-6811, by writing to ETF, MNU Local 10, c/o HSC Mailroom or by downloading from [www.mnu10.ca](http://www.mnu10.ca).
8. Appeals of the board's decision shall be submitted within thirty (30) days of notification. A written response shall be made within thirty (30) days of the receipt of the appeal.

**APPLICATION FOR FINANCIAL ASSISTANCE FOR PART-TIME COURSES**

I REALIZE FUNDING IS NOT GUARANTEED AND THAT APPROVAL FOR PARTIAL FUNDING IS DEPENDENT ON MONIES ALLOCATED IN THE BUDGET AND PREVIOUS FUNDING OF THE APPLICANT IN THE FISCAL YEAR.

I HEREBY CERTIFY THAT THE FOLLOWING INFORMATION IS CORRECT AND I WILL ABIDE BY THE ABOVE TERMS.

**DATE OF APPLICATION** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**EMPLOYEE NUMBER** \_\_\_\_\_

I THE UNDERSIGNED, DO HEREBY APPLY TO THE HEALTH SCIENCES CENTRE MANITOBA NURSES' UNION LOCAL 10 ETF FOR FINANCIAL ASSISTANCE AND SUBMIT THE FOLLOWING INFORMATION:

**PLEASE PRINT**

1. **NAME:** \_\_\_\_\_
2. **ADDRESS:** \_\_\_\_\_  
**CITY/PROVINCE:** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **WORK PH.** \_\_\_\_\_
3. **WARD/UNIT:** \_\_\_\_\_ **EFT:** \_\_\_\_\_
4. **PERSONAL EMAIL:** \_\_\_\_\_

ARE YOU APPLYING FOR FINANCIAL ASSISTANCE FROM ANOTHER SOURCE? YES \_\_\_ NO \_\_\_

IF YES, AMOUNT RECEIVED \_\_\_\_\_ SOURCE \_\_\_\_\_  
 AMOUNT RECEIVED \_\_\_\_\_ SOURCE \_\_\_\_\_

COURSE TITLE(S)	MARK	TUITION(S)	DATE COURSE(S) COMPLETED	FOR OFFICE USE
<b>TOTAL @50% =</b>				

**ONCE YOU HAVE COMPLETED AND MAILED YOUR APPLICATION, PLEASE CALL ETF AT 775-6811 TO CONFIRM YOUR APPLICATION HAS BEEN RECEIVED AND IS COMPLETE. THE ETF IS NOT RESPONSIBLE FOR APLICATIONS LOST IN THE MAIL.**