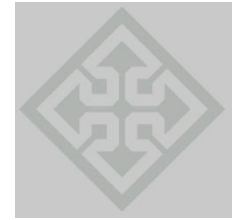




HEALTH SCIENCES CENTRE Education Trust Fund



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 Worksite 10 Education Trust Fund (ETF), monies allocated in its budget will be available for MNU Worksite 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 1st to December 31st).
5. Funding will be at 50% of cost 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, or by downloading from the website.
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.

REVISED MAY 2023
JAN 2019
JUNE 2016
2012

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 WORKSITE 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. **UNIT:** _____ **EFT:** _____
4. **PERSONAL EMAIL:** _____

ARE YOU APPLYING FOR FINANCIAL ASSISTANCE FROM ANOTHER SOURCE?

YES ___ NO ___

IF YES, AMOUNT RECEIVED _____ SOURCE _____

IF YES, AMOUNT RECEIVED _____ SOURCE _____

(FAILURE TO DISCLOSE COULD RESULT IN APPLICANT BEING INELIGIBLE TO APPLY TO THE FUND FOR A PERIOD OF (5) FIVE YEARS.

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

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 APPLICATIONS LOST IN THE MAIL.