

Gordon Dick Memorial Award

CRITERIA & CHECKLIST

www.ucn.ca/awards

The Gordon Dick Memorial Award is open to all students who are enrolled full-time in any program at University College of the North The Pas Campus and who are dealing with the challenges of personal debt. Applicants are required to provide an original typed essay of no less than 250 words (not to exceed 500 words) on one of the following four topics: "Some of the difficulties I encountered in finding financial resources to fund my education include...", "More should be done by the government to help alleviate student financial debt because...", "A university/college education is an expensive commitment...", "I wish there were more student loans, awards and bursaries available to me because...". Applicants are also required to submit a completed UCN Gordon Dick Memorial Award application and provide a current copy of their university/college unofficial transcript(s) -if grades are unavailable have instructors sign their name by the WIP to confirm regular attendance. Students funded by student loan must submit loan documentation detailing the loan amount, disbursement dates, etc. Deadline for application is **January 15, 2025 at 4:30 pm (CST)**; awards: number awarded each year varies; award amount: \$250.

Eligibility

The Pas Campus Students

Specific Instruction

Completed UCN Gordon Dick Memorial Award application and required documentation must be received by 4:30 pm (CST) on January 15, 2025. The completed application package can be emailed to: mballantyne@ucn.ca, mailed/delivered to: University College of the North, Attention: Michelle Ballantyne, Financial Awards Officer, Box 3000, The Pas, Manitoba, R9A 1M7, or faxed to: (204) 627-8514.

For more information, please contact Michelle Ballantyne, Financial Awards Officer for University College of the North at (204) 627-8517 or e-mail mballantyne@ucn.ca.

CHECKLIST:

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- who are dealing with the challenges of personal debt
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Note: Decisions made by The Pas Student Association Council are final and not subject to appeal. It is the student's responsibility to ensure all forms are filled out completely and the application package includes all supporting documents.

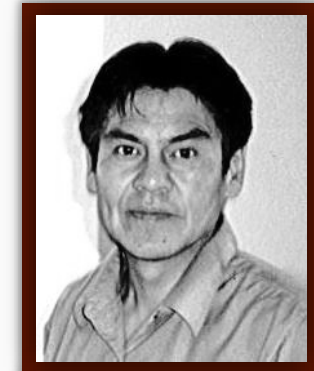
GORDON DICK

Memorial Award

This award was created to honour the memory of Gordon Dick, a University College of the North Counsellor at The Pas Campus whose efforts to improve the morale, financial status, emotional health, and well-being of students attending UCN was almost immeasurable. Gordon was, in many cases the first UCN staff person that many students encountered.

AWARD CRITERIA:

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 1. "Some of the difficulties I encountered in finding financial resources to fund my education include..."
 2. "More should be done by the government to help alleviate student financial debt because..."
 3. "A university/college education is an expensive commitment..."
 4. "I wish there were more student loans, awards and bursaries available to me because..."



~ The Pas Student Association Council (SAC) will select the candidate who genuinely reflects the spirit of this award ~



All applicants agree that by applying for this award, they give permission for The Pas Student Association Council to use their essays in SAC publications.



University College
of the North

The Pas Campus & Regional Education and Training Centre Students

Michelle Ballantyne, Financial Awards Officer
Box 3000, The Pas, Manitoba, R9A 1M7
Phone: (204) 627-8517 Fax: (204) 627-8514
Toll-free: 1-866-627-8500 Extension: 8517

Thompson Campus Students

Emerald McKay, Learners' Assistance Centre Coordinator
55 UCN Drive, Thompson, Manitoba, R8N 1L7
Phone: (204) 677-6402 Fax: (204) 677-6416
Toll-free: 1-866-677-6450 Extension: 6402

Award, Bursary & Scholarship Application

-PRINT ALL INFORMATION IN BLACK INK ONLY-

APPLICATION AVAILABLE IN ANOTHER FORMAT UPON REQUEST.

Name of award applying for: Gordon Dick Memorial Award	Date: (yyyy/mm/dd)
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PERSONAL INFORMATION

Student number:	Social insurance number:		
First name:	Last name:		
Date of birth: (yyyy/mm/dd)	Gender:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated, divorced, widowed	
Permanent mailing address:			
City:	Province:	Postal code:	
Phone: (H) () (C) () (W) ()		E-mail:	

EDUCATIONAL BACKGROUND

University/college program of study:	Term:	Enrolled in: <input type="checkbox"/> Full-time studies <input type="checkbox"/> Part-time studies
Term GPA: (please attach current copy of unofficial transcript(s); if grades are unavailable have your instructors sign their name by the WIP to confirm regular attendance)	Course-load for term: %	Program length: (e.g. year 2 of 4 year program) year _____ of _____

FAMILY INFORMATION

Number of dependents under the age of 18 residing with you: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Not applicable	
List ages of dependents:	Is spouse, common-law: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Not applicable

FUNDING SOURCES

How will you be financing your education? (please check those that apply)

Canada/Manitoba Student Loan/Grants/Bursaries/Scholarships/Awards (please attach proof of loan amount and loan details, e.g. disbursement dates, etc.)

Manitoba Employment & Training Services Parent/s, Relative, Donor

Band, Tribal Council, Manitoba Metis Federation (name) _____ Other _____

Financing will be:
 Full (books, tuition/fees and living allowance) Partial (please circle those that apply: books, tuition/fees, living allowance)

List funding source name(s) and percent or amount of financing for term:

Source Name(s)	Percent or Amount
_____	_____ % or \$ _____
_____	_____ % or \$ _____
_____	_____ % or \$ _____

FINANCIAL INFORMATION

Please note: If your sponsor pays for tuition, books or supplies, do not include these costs below as either income or expenses. If you are receiving partial sponsorship, indicate only the amount you pay. Also, when applicable only include non-subsidized amounts for expenses (i.e. only include child care portions or rent amounts that you pay from monthly resources).

Monthly Expenses	\$	_____	Monthly Resources	\$	_____
Mortgage/Rent <small>circle one</small>		_____	Net Earnings <small>employment, EI, pension, disability, etc.</small>		_____
Food <small>include cleaning products</small>		_____	Savings <small>spring, summer employment (total amount divided by total months in program)</small>		_____
Utilities <small>hydro, water, electricity, etc.</small>		_____	Spouse, Common-law's Net Income		_____
Transportation <small>gas, taxi, vehicle payments, insurance, etc.</small>		_____	Sponsorship Training Allowance <small>all agencies</small>		_____
Child Care		_____	Social Assistance <small>include rent and expenses paid on your behalf</small>		_____
Dental, Medical		_____	Child Benefits <small>child tax, universal child care, etc.</small>		_____
Laundry <small>coin laundry, soap, softener, etc.</small>		_____	Awards, Bursaries, Scholarships, Grants <small>(total amount divided by total months in program)</small>		_____
Telephone, Cell, Internet, Cable <small>basic only</small>		_____	Support Payments <small>spousal, child, settlements, divorce, MPI, etc.</small>		_____
Miscellaneous <small>clothing, grooming, etc.</small>		_____	Cash Gifts <small>parents, donors, inheritances, RESP's, etc. (total accessible amount for academic year divided by total months in program)</small>		_____
Entertainment <small>children's activities, etc.</small>		_____	Benefit Payments <small>orphans, WCB, CRISP, disability, survivor, etc.</small>		_____
Loan Payments <small>student, bank; list only if making payments</small>		_____	GST <small>Jan, Apr, July, Oct (total received in term divided by total months in term)</small>		_____
Support Payments <small>spousal, child, settlements, divorce, MPI, etc.</small>		_____	Other <small>indicate source</small>		_____
Credit Cards <small>minimum payments only</small>		_____	Other Resources		
Other <small>indicate source</small>		_____	Canada/Manitoba Student Loan <small>(total amount divided by total months in program)</small>		_____
Other Expenses			Canada/Manitoba Student Loan Grants/ Bursaries/Scholarships/Awards <small>(total amount divided by total months in program)</small>		_____
Tuition/Compulsory Fees <small>(total for term divided by total months in term)</small>		_____	Other <small>indicate source</small>		_____
Books <small>include GST (total for term divided by total months in term)</small>		_____	Total Monthly Resources		\$ _____
Supplies <small>(total for term divided by total months in term)</small>		_____			
Total Monthly Expenses	\$	_____			

Financial Need

Calculate your total financial need for the term by subtracting your total monthly expenses from your total monthly resources and multiplying the number of months in the term by your total monthly financial need.

_____ (- minus) _____ (= equals) _____ (x multiply) _____ (= equals) _____
Total monthly resources Total monthly expenses Total monthly financial need Months in term TOTAL FINANCIAL NEED FOR TERM

If there is any additional information that you would like The Pas Student Association Council to be aware of, please submit a letter with your application.

I, _____ certify that the information given on this application form is complete and true in every respect; any false and/or omission of information will be sufficient cause for disqualifying my application from consideration. I understand that as an award applicant/recipient, the information on this application may be provided to The Pas Student Association Council. I also agree that I may be referred to the Counsellor or Financial Awards Officer should my need be higher than \$2,000 and I may be requested to provide further information.

Please note: Successful applicants may be asked to provide receipts to verify monthly income and expenses.

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Signature of applicant: _____ Date: _____