

Town of The Pas Nursing Bursary

CRITERIA & CHECKLIST

www.ucn.ca/awards

The Town of The Pas Nursing Bursary is open to all students who are residents of the Town of The Pas for a minimum of 18 months prior to acceptance in the Bachelor of Nursing Program at University College of the North. Applicants must be entering third or fourth year of the program on a full-time basis. Selection is based on financial need. Applicants are required to submit a completed UCN Town of The Pas Nursing Bursary application and provide 2 proof of residency documents (e.g. telephone bill, property tax bill, rent receipt, etc.); 1 which includes address 18 months prior to acceptance in the program and 1 which includes current address at the time of applying for the bursary. Residency documents must contain student's name and physical location address. Applicants are also required to 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 **April 2, 2025 at 4:30 pm (CST)**; bursary amount: \$1,000.

Please note: bursary must be used within two years of receiving it; Town Treasurer (204-627-1107) must be notified if bursary will not be used in the fall of the year in which the bursary was awarded.

Eligibility

Town of The Pas Resident; proof of residency is required

Specific Instruction

Completed UCN Town of The Pas Nursing Bursary application and required documentation must be received by 4:30 pm (CST) on April 2, 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:

- open to all students who are residents of the Town of The Pas for a minimum of 18 months prior to acceptance in the Bachelor of Nursing Program at University College of the North
- applicants must be entering third or fourth year of the program on a full-time basis
- selection is based on financial need
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- students funded by student loan must submit loan documentation detailing the loan amount, disbursement dates, etc.

Note: Decisions made by the UCN Awards Committee 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.



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: Town of The Pas Nursing Bursary	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
Are you a resident of the Town of The Pas? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long have you been a resident of the Town of the The Pas?
Permanent mailing address and location address:		
City:	Province:	Postal code:
Phone: (H) () () (C) () () (W) () ()	E-mail:	

EDUCATIONAL BACKGROUND

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
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FUNDING SOURCES

How will you be financing your education? (please check those that apply)	
<input type="checkbox"/> Canada/Manitoba Student Loan/Grants/Bursaries/Scholarships/Awards (please attach proof of loan amount and loan details, e.g. disbursement dates, etc.)	
<input type="checkbox"/> Manitoba Employment & Training Services <input type="checkbox"/> Parent/s, Relative, Donor	
<input type="checkbox"/> Band, Tribal Council, Manitoba Metis Federation (name) _____ <input type="checkbox"/> Other _____	
Financing will be:	
<input type="checkbox"/> Full (books, tuition/fees and living allowance) <input type="checkbox"/> 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 Awards Committee 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 Awards Committee/Donor. 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: Any outstanding debt owed to University College of the North may be deducted from monetary awards. Successful applicants may also be asked to provide receipts to verify monthly income and expenses.

Decisions made by the UCN Awards Committee 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.

Signature of applicant: _____ Date: _____

This personal information is being collected solely for use by the UCN Awards Committee comprised of instructors, staff, an elder and student at UCN. This information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection contact the FIPPA Coordinator, Box 3000, University College of the North, The Pas, Manitoba, R9A 1M7, Phone 204-627-8500. Rev. 4/9/24