



601 - 275 Broadway
Winnipeg, MB R3C 4M6
204-982-MGEU (6438) or
Toll Free: 1-866-982-MGEU (6438)
Email: resourcecentre@mgeu.ca
www.mgeu.ca

JOSEPH GRENIER BURSARY APPLICATION

For Office Use Only

All information will be treated as confidential.

DEADLINE: Postmarked on or before May 15

The Manitoba Government and General Employees' Union (MGEU) has established a \$1,500 bursary in honour of Joseph Grenier, a past member of the Health Care Support Services (HCSS) Component. The bursary is available to a MGEU member of the HCSS Component or their spouse/common-law partner or child (or minor under their care). Eligible applicants must be pursuing a healthcare-related profession. Selection is based on financial need.

Criteria

To qualify for this bursary, the applicant must be:

- an active member (dues paying, in good standing with a signed membership application as of May 15th of the current year) from the HCSS Component (for a list of HCSS Locals go to www.mgeu.ca or call the Resource Centre), or
- a spouse/common-law partner of an active HCSS Component member, or
- a child, or minor under their care, of an active HCSS Component member, and
- pursuing a healthcare-related profession.

In addition to this application, please include a letter (minimum 500 words) discussing ways that unions improve the lives of their members and working people in general. Feel free to include relevant personal stories.

General Information

Recipients are selected by the HCSS Component Executive. The executive reserves the right to reject applications that are incomplete.

A recipient's decision to withdraw from, or not to proceed with, an education/training program as reported on this application may result in a reallocation of some or all of the funds to another applicant. Entitlement to a bursary will expire at the end of the same academic year (September to August) in which the bursary is awarded.

To qualify for a bursary, recipients must be planning on attending a recognized educational institution.

Bursaries are paid out in two installments: the first upon confirmation of enrolment into an education/training program and the second either upon confirmation of enrolment into a second term or confirmation of program completion. Official confirmation must be provided before payment will be issued.

An applicant cannot receive a bursary two years in a row or receive more than one MGEU bursary, scholarship or memorial award in the same academic year.

Successful applicants may be asked to forward a photograph for union publications.

If you have any questions, please contact the MGEU Resource Centre at 204-982-6438 (toll-free 1-866-982-6438) or by email at resourcecentre@mgeu.ca.

PLEASE PRINT CLEARLY

Personal Information

Name _____

Mailing Address _____

Town/City _____ Postal Code _____

Email _____

Home Phone _____ Cell Phone _____

Are you an MGEU member? Yes No

If YES, who is your employer? _____

If NO, how are you related to an MGEU member? _____

Name of the MGEU member and their employer _____

Mailing address of the MGEU member if different from above

Your age _____

What is your marital status? Single Married/Common-Law

Do you have children or other dependents that rely upon you for financial support?

Yes No

If YES, what are their ages? _____

Where do you currently live?

In my parent's residence In my own residence Other

Do you currently pay rent/mortgage? Yes No

Do you have other siblings dependent upon your parents? Yes No

Where will you be living while you are attending school?

In my parent's residence In my own residence

In university/college residence With relatives Shared accommodation

Other (please specify) _____

Will you be paying rent/mortgage while you are attending school? Yes No

Do you own a vehicle? Yes No Date Purchased _____

Make _____ Model _____ Year _____ Estimated Value \$ _____

Do you have vehicle payments? Yes No

Educational Information

Are you currently:

A high school student Yes No

A college/university student Yes No

If YES, what educational program are you now attending? _____

What healthcare-related profession are you planning to pursue? _____

What educational program will you be attending in the coming year? _____

Which post-secondary institution are you planning to attend? _____

How long is your educational program? _____

How many months will you be attending your program during the coming academic year? _____

Will you be attending on a full-time or a part-time basis?

Expenses

Please estimate your expenses for the coming academic year. Applicants with dependants should indicate the estimated expenses for their *family* for the coming academic year.

ANNUAL EXPENSES

Tuition	\$ _____	
Other compulsory fees (e.g. student, athletic)	\$ _____	
Textbooks and supplies	\$ _____	
Tools and equipment	\$ _____	
Residence Fees	\$ _____	
Other program-related expenses (please specify)	_____	
	\$ _____	
Total Annual Expenses	\$	A

MONTHLY EXPENSES

Rent/Mortgage/Room and Board	\$ _____	
Utilities	\$ _____	
Telephone	\$ _____	
Transportation: vehicle (gas and parking)	\$ _____	
bus (local and/or regional)	\$ _____	
Child care and/or elder care	\$ _____	
Food	\$ _____	
Other expenses not noted above (please specify)	_____	
	\$ _____	
Total Monthly Expenses	\$	B

B (Total Monthly Expenses) x # of months in academic year **\$** **C**

TOTAL EXPENSES **\$** **A + C**

Resources

What do you expect to earn from all sources (your total gross income) in the twelve months *before* school starts? \$ _____

Are you able to financially contribute to your educational expenses? Yes No
If yes, what do you estimate you can contribute? \$ _____

Will you be able to work during the upcoming academic year? Yes No

Are you applying for, or expect to receive money from, any of the following:

A student loan	Yes	No
First Nation/First Nation Education Authority	Yes	No
Manitoba Métis Federation	Yes	No
Federal or Provincial Government	Yes	No
Aboriginal Affairs and Northern Development Canada	Yes	No
Registered Education Savings Plan (RESP)	Yes	No
Other bursaries and/or scholarships	Yes	No

For the *upcoming* academic year, please estimate the financial contributions you will receive from the following sources towards your education, room and board, and other expenses:

Your parents/family	\$ _____
Your spouse/common-law partner	\$ _____
Other individuals	\$ _____
Other financial contributions (please specify) _____	\$ _____

TOTAL RESOURCES \$

Summary

Please provide the MGEU Membership Education Committee with any additional information describing your overall financial need and/or special circumstances and why you feel this educational program is important to you. Please feel free to continue on a separate page.

Declaration

I certify that the information provided is true and correct and I agree to the terms and conditions outlined in the MGEU Policy Manual and this application.

Date _____ Signature of Applicant _____

To help us better promote and advertise MGEU bursaries, please indicate how you heard about this bursary. *Please check all that apply.*

MGEU member/co-worker	MGEU Workplace Rep eNews
My union bulletin board	My high school
An MGEU steward	My university/college
MGEU website	Other (please specify) _____

Complete and return this application form, along with your essay, by:

Mail: Manitoba Government and General Employees' Union
601-275 Broadway
Winnipeg, Manitoba
R3C 4M6
Attention: Education Department

Fax: 204-942-6578

Email: educationregistration@mgeu.ca

Please ensure you have included:

Application Form

Letter