



Aboriginal Okihcihtaw Young Warrior's Program (All Men's program) - Application Form



Return in person, by mail or via fax to:

Aboriginal Focus Programs,
University of Manitoba
188 Extended Education Complex, Winnipeg, MB R3B 3J1
Fax: (204) 474-7660 (Note: Please fax both sides of form)

Application Deadline: June 15

For further information, call:
(204) 272-1696 or toll free: 1-888-216-7011
Email: extended@umanitoba.ca

All information on this form is confidential and is to be used only in assessing applicant's eligibility/suitability for the program.

Please indicate your preferred field of study: _____

(Example: Arts, Science, Medicine, Dentistry, Nursing, Education, Social Work, Pharmacy, Management, Fine Arts, Law, Kinesiology, etc.)

How did you hear about the program?

- Career Fair
- Mail
- Fax
- Internet
- Email
- Newspaper
- School
- Agency
- Family
- Friend
- Presentation
- other _____

Personal History

Last Name	First (Given) Name	Middle Name(s)	Preferred First Name
Home Community			
Permanent Home Address	City/Town	Province	Postal Code
Telephone (Home)	Telephone (Work)	Alternate Telephone Number	
E-mail Address	Social Insurance Number	Birthdate (DD/MM/YY)	

Ancestry

If Aboriginal: Status Non-Status Métis Inuit

Previous Education

Secondary Education

Please indicate the last grade completed prior to upgrading: 7 8 9 10 11(30G) 11(30S) 12(40G) 12(40S)

Date last grade completed: _____

Name and location of school(s): _____

Previous Education continued...

Secondary Upgrading

Have you received upgrading since you left school? Yes No

If yes, was it: Please indicate level completed: Date Completed

Adult Basic Education 8-10 11 12 _____

G.E.D. 10 11 12 _____

Transition Year Program 10 11 12 _____

Other (specify) _____

Are you currently enrolled in an upgrading program? Yes No What is the completion date? _____

If you have been enrolled in any post-secondary education or training programs, please list them. (i.e. college, university, nursing school, New Careers, Core Area Training, other provincially funded programs, etc.)

Institution	Program/Course	Dates of Attendance	Did you complete?
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever withdrawn, been suspended, or placed on probation from any university, college or post-secondary institution? (Check One). Yes No
If yes, please explain:

Failure to disclose your previous or current academic status (no matter how much time has elapsed) may result in the withdrawal of your application.

References

Please enclose one completed reference form from someone other than a relative. List their name, address, phone number, and position or organization below. Your reference should be either a teacher or employer, if possible.

Name	Address	Phone	Position/Organization
_____	_____	_____	_____

Note: reference forms may be sent separately. It is your responsibility to make sure your references are sent in by June 15th.

Declaration

Applicants are advised to read all application materials carefully. Failure to disclose relevant facts (including ALL previous attendance at post-secondary institutions) and/or submissions of false information or documentation may result in acceptance and registration being withdrawn. If this information is discovered in a subsequent session, it may result in dismissal from the University. Registration at a post-secondary institution subsequent to the submission of this application must be declared in writing.

- I hereby certify that I have read and understood the instructions and information on this application form and that all statements made in connection with this application are true and complete.
- I authorize the University to verify any information, transcripts or reference letters provided as part of this application.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.
- I authorize my high school/university to release my academic record(s) should the need arise to accelerate the processing of this application.

Date: _____ Signature of Applicant: _____

Notice Regarding Collection, Use and Disclosure of Personal Information by the University
 This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used for the purposes of admission, registration, assessment of academic status, eligibility for the program, and communication with the student. It may be disclosed to the other educational institutions, government departments and co-sponsoring organizations, and, for those students who are members of UMSU, it will be disclosed to the University of Manitoba Students' Union. Information regarding graduation and awards may be made public. Upon graduation, the student's name, address and diploma/degree information will be provided to and maintained by the Alumni Records department in order to assist in the University's advancement and development efforts. It 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 of your personal information, contact the FIPPA/PHIA Coordinator's Office, (tel. 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB, Canada, R3T 2N2.

Notice Regarding Disclosure of Personal Information to Statistics Canada
 The Federal Statistics Act provides the legal authority for Statistics Canada to obtain access to personal information held by educational institutions. The information may be used only for statistical purposes, and the confidentiality provisions of the Statistics Act prevent the information from being released in any way that would identify a student.
 At any time, students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database.
 Further information on the use of this information can be obtained from Statistics Canada's website: <http://www.statcan.ca> or by writing to the Post-Secondary Section, Centre for Education Statistics, 17th Floor, R.H. Coats Building, Tunney's Pasture, Ottawa, Canada, K1A 0T6.

Reference Form

Name of Applicant: _____

The above individual has submitted an application to the Transition Year Program. How would you best describe the candidate's performance in the following areas?
(You may attach a separate sheet if necessary)

1. Attendance _____

2. Punctuality _____

3. Motivation _____

4. Reaction to stress or difficulty _____

5. Commitment to tasks _____

6. Aptitude in Math, English, and Computer Skills _____

7. Team/group work _____

8. Time management _____

9. Problem solving _____

10. Other _____

Reference Name: _____

Address and Phone: _____

Organization: _____

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It is your responsibility to make sure your references are sent in by June 15th midnight.**