

**Voices: Manitoba's Youth in Care Network  
2020-2021 Scholarship Application**

**OVERVIEW**

Voices is pleased to provide three awards to young people from care who are pursuing their post-secondary education:

The Voices Bursary, 2- \$1000 prizes  
The Marie Christian Award, 1- \$1000 prize  
The Reaching for the Stars Scholarship, 1- \$500 prize  
The Honouring Our Youth Scholarship, 1- \$1000 prize

**ELIGIBILITY**

You are eligible for these awards if:

- You are currently in-care, or you were living in the care of a Manitoba Child and Family Services agency for a minimum of 1 year, which means that you meet **one** of the following criteria:
  - Designated a temporary or permanent ward,
  - Designated a voluntary placement agreement (VPA),
  - Placed in a place of safety, group home, kinship care, foster home or adoption by an agency.
- You have met the college, university, and/or program entry requirements. Please attach proof of acceptance or application.
- You have demonstrated financial need.
- Only applicants who are female or identify as female are eligible for The Reaching for the Stars Scholarship.

**YOUR APPLICATION MUST INCLUDE:**

- 2 (two) letters of reference
- Your most recent school transcript
- Proof of registration or application to the college, university, or program
- Your Personal Essay response

Incomplete applications will not be considered. Keep a copy of your application for your own records.

Email, mail, courier, or drop off your completed application package to the address below. The complete application package must be received by **11:59pm, Friday, August 14<sup>th</sup>, 2020**. Late applications will not be accepted. Faxed copies will not be accepted. The application package must be submitted to:

Voices: Manitoba's Youth in Care Network  
Scholarship Committee  
#300- 61 Juno Street  
Winnipeg, MB R3A 1T1  
ask@voices.mb.ca

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**Personal Information**

Full Name:	Preferred Pronouns:	
_____	_____	
Birthday:	Age:	
_____	_____	
Current Address:		
_____		
City/Province:	Postal Code:	
_____	_____	
Address while in school:		
_____		
City/Province:	Postal Code:	
_____	_____	
Phone:	Cell:	
_____	_____	
Email:	Student Number:	
_____	_____	
Would you like to be added to our email list?	Yes	No
_____	_____	_____
Would you like to be a member of Youth in Care Canada? Membership is free for all youth in care and alumni of care. Learn more at <a href="http://www.youthincare.ca">www.youthincare.ca</a> .	Yes	No
_____	_____	_____

Voluntary Disclosure (for statistical purposes only): Please check  if you identify as any of the following:

Indigenous, Métis or Inuit Person

Person who is a Visible Minority

Person with Disability

**Child Welfare History**

Name of Child Welfare Agency/ Agencies: \_\_\_\_\_

How long were you in care? (Age to age) \_\_\_\_\_

**Child Welfare Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Education**

What education do you have to date? \_\_\_\_\_

Last school attended? \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Name of post-secondary school you will attend: \_\_\_\_\_

Program of study: \_\_\_\_\_

Anticipated date of completion: \_\_\_\_\_

What are your career goals?

Is this a full- or part-time program?                      Full-time                      Part-time

How many credit hours? (Fall and Winter) \_\_\_\_\_

Start date: \_\_\_\_\_ Graduation date: \_\_\_\_\_



**Getting to Know You**

1. How does your experience of being in care impact the person you want to be?

2. What does the term 'Youth in Care Network' mean to you? Who do you consider to be a part of your personal network of support, and how can they help you as you pursue your education?

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3. Please tell us about a challenge that you faced while in care or as you adjusted to life after care, that you were able to overcome.

DECLARATION: By signing this application form, I hereby verify the information that I have provided is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_