

Voices: Manitoba's Youth in Care Network 2022-2023 Scholarship Application

OVERVIEW

Voices is pleased to provide four 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 responses

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. Do not send your application by fax. The complete application package must be received by **11:59pm, Sunday, September 18th, 2022**. 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 Legal Name:	Preferred Name:	
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 www.youthincare.ca .	Yes	No

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

- First Nations, 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: _____

Anticipated Graduation date: _____

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What will your living situation be during the school year? (For example: on an extension of care (AYA), on your own, with foster parents/family, with spouse/live-in partner, roommate, single parent, etc.)

Please estimate your cost of living for the school year (September to June):

Tuition	\$ _____		\$ _____
Books	\$ _____		\$ _____
Rent	\$ _____	Per month x nine months=	\$ _____
Hydro	\$ _____	Per month x nine months=	\$ _____
Water	\$ _____	Per month x nine months=	\$ _____
Parking	\$ _____	Per month x nine months=	\$ _____
Food/Toiletries	\$ _____	Per month x nine months=	\$ _____
Transportation	\$ _____	Per month x nine months=	\$ _____
Telephone	\$ _____	Per month x nine months=	\$ _____
Entertainment	\$ _____	Per month x nine months=	\$ _____
Childcare	\$ _____	Per month x nine months=	\$ _____
Other (please specify)	\$ _____		\$ _____
Total Expenses:			\$ _____

Employment

Are you currently employed? Yes No

If yes, where? _____

If no, please explain: _____

Will you be working while you are in school? Yes No

Will you be working full- or part-time during the school year?
Part time Full time

Getting to Know You

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

2. a) What does 'Youth in Care Network' mean to you?

2. b) 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. Were you able to overcome this challenge? What helped, or what would have helped?

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

Signature: _____

Date: _____