

## Voices: Manitoba's Youth in Care Network 2023-2024 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 (Lemonade) Award, 1- \$1000 prize
- The Reaching for the Stars Scholarship, 1- \$500 prize
- The Honouring Our Youth Scholarship, 1- \$1000 prize
- The Kiwiytin Scholarship, 4- \$4000 prizes

### 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.
- 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
- New students: please attach your most recent transcript and the letter of acceptance.
- Continuing students: please include your most recent transcript and proof of registration for the current year.
- 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, October 1<sup>st</sup>, 2023**. 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](mailto: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 <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:

- 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

If yes, 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: \_\_\_\_\_