

# AWARD EDUCATION FUTURE

# BACKGROUND POST SECONDARY EDUCATION AWARD

The Helen Betty Osborne Memorial Foundation was established by an Act of the 2nd Session of the 37th legislature of Manitoba, December 2000 under the Auspices of the Attorney General of Manitoba. The purpose of the Foundation is to provide financial assistance to aboriginal persons residing in Manitoba who are enrolled in post-secondary studies in Manitoba.

The Act acknowledges Helen Betty Osborne's goal of becoming a teacher before her untimely death in 1971. The events that followed resulted in concerns about the relationship of the justice system and Aboriginal people.

This foundation in awarding bursaries to deserving Aboriginal students strives to promote the memory of Helen Betty Osborne. It also acknowledges deserving Aboriginal students who are making a difference in eliminating the barriers of racism, sexism and indifference in the society we live in.

The applications are reviewed by an independent adjudication panel of noted community volunteers, scholars, and business luminaries.

Applications are reviewed on the following criteria: Proof of Aboriginal/Affiliation is required (for example, autobiography, narrative story, genealogy, registration/membership card etc.) is required.



HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

- First Nation
- Métis
- Inuit
- Non-Status

A) Demonstrated financial need.

B) Demonstrated aspiration for academic goal (please elaborate in your autobiography/Statement of Introduction.

C) Academic standing.

D) Demonstrated success in completing previous programs (i.e. High School, GED, certificate programs, life skills/pre-employment programs, etc.).

E) Knowledge of the life and legacy of Helen Betty Osborne.

F) Supports in place that will assist you to successfully complete your current academic program.



HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

# INFORMATION

## PART 1 - INFORMATION SOURCE

Please circle as many that apply. (How did you hear about us?)

College/University

Community Agency

Family Member

Financial Aid Office

Friend

Guidance Counsellor

Website

Radio

Poster, Brochure

Flyer

Magazine

Teacher/Professor

Community Event

Facebook

Twitter

Other(please identify)

Please fill out the application completely. Print or write clearly. Use a pen with black ink. Fill in all information. Have you applied to this program before?  Yes  No

If yes, year of application

## 2. PERSONAL AND CONTACT INFORMATION

Family Name

Given Name (s)

Social Insurance Number (SIN)

Gender

M

F

Year of Birth

Age

### Permanent/Home Mailing Address:

Street Address

City

Manitoba Postal Code

Telephone ( ) -

Cell phone ( ) -

### Permanent/Home Mailing Address:

Street Address

City

Manitoba Postal Code

Telephone ( ) -

Cell phone ( ) -

Email address 1

Email address 2



HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

# PROGRAM EDUCATION

## PART 3 EDUCATION

Identify the institution you are planning to attend/or are attending:

Is this your last year in this program?

Yes  No

What is your current study year? Circle one:

1 2 3 4 5 6

Admission Confirmed

Yes (Please attach copy of letter)

No

Identify the Degree/Diploma that you will receive upon graduation?

Start and finish date of your academic year. Start Date:

Finish Date:

What job/career/occupation do you hope to have when you graduate?

Please list the last three schools, colleges, or universities that you have attended.

Name of Institution	Program	Date		Degree/ Diploma Granted
		From (MM/YY)	To (MM/YY)	

## PART 4 PREVIOUS HBOMF SUPPORT

Have you received financial assistance from the Helen Betty Osborne Memorial Foundation in the past?

Yes  No

If yes in what years:

What was the total award that you received?



HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

# ABORIGINAL HERITAGE

## PART 5 ABORIGINAL HERITAGE

Identify Aboriginal Heritage (Check one that is applicable to you)

Nation (if applicable)

<input type="radio"/> Status First Nation	Name of First Nation	Province or Territory
<input type="radio"/> Non Status First Nation	Name of First Nation	Province or Territory
<input type="radio"/> Metis	Name of First Nation	Province or Territory
<input type="radio"/> Inuit	Name of Land Claim	Province or Territory

In the absence of being a card carrying member of an Aboriginal political organization, you may submit a genealogy with narrative indicating your Aboriginal heritage claim.



# FINANCIAL INFORMATION

## PART 6A DETERMINING FINANCIAL NEED - BUDGET

- Budget cannot exceed 12 months. For the current school year, from the start date to the end of the Period (depending on your program of study this may be 8, 10, or 12 months), provide a summary of the financial resources/income anticipated and estimated financial expenses using the tables provided.
- Married and common-law students must indicate their total family income (after tax and other compulsory deductions) and total family expenses.
- HBOMF encourages all students to make a personal financial contribution to the costs of their education.
- Your budget must include a projection of income. Budgets that list only expenses without a projection of income will be deemed incomplete and will not be presented to the independent adjudication panel.

### Residency while in School (check all that apply)

- Single     Married     Common law     Divorced     Separated  
 Widowed     Widower

### Dependants:

Number of dependants under the age of 18

- 0     1     2     3     4     5

List ages of dependants:

---

Dependents over the age of 18 and that you are financially responsible for due to health, age, etc.

Age and relationship to you:

---

Reason for dependency:

---



# FINANCIAL INFORMATION

## PART 6A DETERMINING FINANCIAL NEED - BUDGET continued

### Current Employment:

- Currently working
- Full time
- Part time
- Occasionally
- Not working

### Employment while in School:

While in School, I will work part time.  Yes  No  Not Sure

### Transportation

- During the school year, I will use public transportation  Yes  No
- During the school year, I will drive a motor vehicle  Yes  No
- Do you own a motor vehicle?  Yes  No
- If yes, what year is the motor vehicle? \_\_\_\_\_

What model? \_\_\_\_\_

- What is your monthly motor vehicle payment? \$ \_\_\_\_\_
- What is your insurance payment? \$ \_\_\_\_\_

### Student Loan(s)

- Do you have a previous student loan?  Yes  No
- What is the total amount of all government student loans that you have outstanding? \_\_\_\_\_
- Do you intend to apply for a student loan for this coming school year?  Yes  No
- If yes, for what amount? \_\_\_\_\_
- If yes, has your application been approved?  Yes  No

### Line of Credit

- Do you have a student line of credit?  Yes  No
- What is the total amount of the line of credit? \$ \_\_\_\_\_
- What amount is currently available for use? \$ \_\_\_\_\_
- What is your monthly payment? \$ \_\_\_\_\_



HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

# FINANCIAL INFORMATION

## PART 6A DETERMINING FINANCIAL NEED - BUDGET continued

### Other Bursaries and Scholarships

• Have you applied or do you plan to apply for other bursaries/scholarships to help with studies for the 2011-2012 school year?

No       Yes, see the following list:

**Bursary/Scholarship**

**Amount**

		<input type="radio"/> confirmed	<input type="radio"/> pending	<input type="radio"/> unsuccessful
		<input type="radio"/> confirmed	<input type="radio"/> pending	<input type="radio"/> unsuccessful
		<input type="radio"/> confirmed	<input type="radio"/> pending	<input type="radio"/> unsuccessful
		<input type="radio"/> confirmed	<input type="radio"/> pending	<input type="radio"/> unsuccessful
		<input type="radio"/> confirmed	<input type="radio"/> pending	<input type="radio"/> unsuccessful

Confirmed award amounts must be included in Part 6B – Financial Resources – Income on next page.



# FINANCIAL INCOME

## PART 6B – FINANCIAL RESOURCES – INCOME

Identify your sources of financial income: on a monthly basis and calculate the total amount for the number of months in your program for the school year (**NOTE: Multiply the monthly amount by only one amount – 8, 10 OR 12 Months**). if your program is a different length of time, please specify and calculate.

### INCOME SOURCE

Very Important: Number of months cannot exceed number of months you are enrolled in full-time studies. e.g. If your letter of confirmation states you are enrolled from September 2011 to April 2012 the maximum number months you can apply for is 8.

Monthly Income from Savings or Work (after tax)	\$	
Monthly Income from Spouse or Partner (after tax)	\$	
Monthly Other income (please identify) *student loans are not considered income	\$	
Monthly Financial Contribution from Parent(s)	\$	
Monthly Child Support	\$	
Monthly Child Tax Benefit/Family Allowance	\$	
Monthly Pension Income (orphan benefits, CPP)	\$	
Monthly Social Assistance	\$	
	<b>SUB-TOTAL</b>	\$
Total GST Rebates During the School Year	\$	
Total confirmed Bursary & Scholarship amounts for the 2011-2012 school Year	\$	
Total Band/Community/Organization Funding for Living Expenses Confirmed Confirmation Pending Funding unavailable	\$	
**Amounts must be provided to ensure accurate need		
	<b>TOTAL SCHOOL YEAR INCOME</b>	\$



HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

# FINANCIAL EXPENSE

## PART 6C – FINANCIAL EXPENSE

- The adjudication panel will exercise its discretion in determining whether the expenses provided are reasonable when considering the overall shortfall forwarded by the applicant. As an example, rents vary widely from city to small town and the adjudication panel will take this into account when determining costs;
- The budget should cover **ONLY THE MONTHS THAT YOU ARE IN SCHOOL** (May be 8,10, or 12 months);
- If you are sharing a dwelling with someone who is not a dependant, do not include the costs for the other person;
- Use the table below to identify all of your expenses for the number of months in your program for this school year.

### EXPENSE TYPE

### TOTAL AMOUNT

Budgets cannot exceed 12 months  
Length of 2011-2012 school year in months

- 8 month school year
- 10 month school year
- 12 month school year
- Other

#### SUB – SECTION A

Cost of Tuition/Training for school year  
\*Must be completed even if receiving  
Band/Community/Organization Funding

\$ \_\_\_\_\_

#### Cost of course materials for school year:

Books

\$ \_\_\_\_\_

Equipment

\$ \_\_\_\_\_

Supplies

\$ \_\_\_\_\_

Fees

\$ \_\_\_\_\_

Other

\$ \_\_\_\_\_

#### SUB – SECTION B

Monthly Mortgage/Rent or Residence Costs

\$ \_\_\_\_\_

Monthly Food

\$ \_\_\_\_\_

Monthly Utilities (heat, electricity, water)

\$ \_\_\_\_\_

Monthly Communication costs

\$ \_\_\_\_\_

Monthly Telephone

\$ \_\_\_\_\_

Monthly Internet

\$ \_\_\_\_\_

Monthly Cable TV

\$ \_\_\_\_\_

Monthly Cellular

\$ \_\_\_\_\_







HELEN BETTY  
OSBORNE  
MEMORIAL  
FOUNDATION

# ESSAY INFORMATION

## PART 8 – LIFE OF HELEN BETTY OSBORNE ESSAY

- All applicants must complete 150-300 word essay on the life and legacy of Helen Betty Osborne.
- How has this legacy informed your life journey?
- Applicants are encouraged to draw on the legacy of Missing and Murdered Women and Girls to inform your essay.

**Please attached this essay with the title: Part 8 – Life of Helen Betty Osborne – your name**

## PART 9 – INVOLVEMENT and CONTRIBUTION to the ABORIGINAL COMMUNITY

This is an award for Inuit, Metis and First Nations peoples, therefore your involvement /engagement/ Participation in the Inuit, Metis, and First Nations community is of utmost importance. **If this is your first time applying to HBOMF your letter of introduction/autobiography should include Paragraphs 1-9.** Applicants who have received a previous award from HBOMF in the previous year must include Paragraphs 1-12. **Please attached this document and labelled as Part 9 Involvement and Contribution to the Aboriginal Community – your name.**

- Paragraph 1** Tell us where you were born, where you grew up and about your family and community.
- Paragraph 2** State your reason for choosing your field of study.
- Paragraph 3** Tell us why you are passionate about this field of study and committed to completing this program
- Paragraph 4** State your hopes and dreams regarding your future career and employment.
- Paragraph 5** State your reason for choosing your field of study
- Paragraph 6** State how you participate in the Inuit, Metis or First Nation community.  
Give specific examples of how you participate in both the academic community and the Inuit, Metis or First Nation community.
- Paragraph 7** Demonstrate your contribution and ongoing involvement in the Aboriginal community
- Paragraph 8** Describe your support systems (family, friends, coworkers) that will/are supporting you (mentally, Emotionally, spiritually, physically) as you apply yourself to achieving your academic goals.
- Paragraph 9** Any special circumstances you feel that the adjudication panel should be aware of.
- Paragraph 10** A paragraph explain how the knowledge and skills that you have acquired over the last school have contributed to your commitment to your field of study – how has it changed? (if applicable)
- Paragraph 11** A paragraph identifying the new challenges and successes that you have experienced during the academic year (if applicable)
- Paragraph 12** A paragraph explaining what important lessons you have learned.

### Language:

Do you speak/read/write an Indigenous language?

No  Yes      If yes,  a little  moderately  fluently

Explain:

Do you speak/read/write the French language?

No  Yes      If yes,  a little  moderately  fluently

Explain:



# CONSENT INFORMATION

## PART 10 – DECLARATION AND CONSENT

My signature below confirms that:

- I am/will be enrolled in full-time studies for the number of months indicated on the budget section of my Application for the 2011-2012 academic/school year.
- I am aware of the mandatory documents listed below are due September 15, 2011 – no exceptions- or my application remains incomplete and will not be reviewed by the adjudication panel.
- I have included the following in my application package.
- One current HBOMF post secondary application form fully completed and signed in designated areas.
- Proof of Inuit, Metis or First Nations registration/membership. Proof may include written narrative and Genealogy as described in Part 5.
- Letter of introduction/autobiography, (minimum 700 words – maximum 1200)
- Essay on the Life of Helen Betty Osborne (minimum\* 150 words to maximum 300 words)
- A recent and clear colour Electronic photograph (.jpeg format – head and shoulders please label file; Last Name, first name, date.jpeg)
- Marks (official or unofficial) from your present or most recent academic program.
- Letter of acceptance or offer of admission into a program OR  I am still waiting for an offer into a program
- Verification of current tuition & fees amounts for the program – if unavailable prior years amounts can be used in the interim.
- Two letters of reference: one of either employer/educator and one from a community member that is not related to the applicant.
- I am aware that if I am successful I have until December 31, 2011 to claim my award and that awards not claimed by that date are forfeited.



# CONSENT INFORMATION

## PART 10 – DECLARATION AND CONSENT

- I am aware that if my application is successful and the adjudication panel allocates an award the award is conditional upon HBOMF receiving the final documents:
  - Original transcript form your present or most recent academic program.
  - Confirmation of enrolment that I am registered as a full-time student in 2011-2012 for the timeframe that coincides with the number of months you are requesting funding for in the budget section of my application to HBOMF
  - Verification of tuition & fees
- I will attend an awards ceremony where there is no conflict with my exam schedule. (November 29, 2011)
- I understand that there is no appeal mechanism, should I not be a successful applicant
- I have read and understand the guidelines that govern the application and adjudication process and I have provided answers to all questions which apply to me.
- I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by email, or telephone will disqualify my application and will affect my ability to access future funding.
- I hereby give consent that HBOMF is authorized to release my contact information to HBOMF sponsors (including name, telephone number, email and mailing address), so that they may contact me personally.
- I hereby give consent for HBOMF to use/publish my name, photo, and relevant information on HBOMF's website, in HBOMF, brochure, for promotion, marketing, advertising, or in sponsor communications.
- I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible for an award. I also recognized that it is my responsibility to ensure that all supporting documents are post dated and/or received at the HBOMF office by the deadline September 15, 2011.

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

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