2020 Post-Secondary & Apprenticeship Bursary

To qualify, students must:

- identify as Indigenous (First Nations, Inuit, or Métis)
- reside in the Greater Toronto Area
- be enrolled in a Post-Secondary accredited institution or apprenticeship program, or have proof of enrollment for upcoming year.

Applications are available at miziwebiik.com/bursary.

Submit your application package and supporting documents in-person at Miziwe Biik's reception (167 Gerrard St. E.)

Apply by April 6 at 12 PM

Bursary Frequently Asked Questions

What is a letter of introduction?

Your letter of introduction should be one page in length and include the following information:

- Tell us about yourself
- Tell us why you are passionate about your field of study
- Tell us about your goals regarding your future career and employment
- Tell us if you participate in a Native Community where you are originally from or here in Toronto
- Tell us anything else that will show your dedication to your field of study and future endeavours

Who can apply to the bursary?

Students:

In order to apply to the bursary program, you must be a current post-secondary student, or submit proof of enrollment from a college, university, or private post-secondary institution

Apprentices:

In order to qualify for a bursary as an apprentice, you must be a registered with the Ministry of Training Colleges and Universities (MTCU) as an apprentice in the Greater Toronto Area

How do I submit my completed package?

- 1) Please visit to our website: www.miziwebiik.com to download an application and a Miziwe Biik registration form (apprenticeship applicants must also include an Employment Ontario registration form)
- 2) Fill out all information carefully, and attached all required documentation to your application
- 3) Completed packages are to be dropped off in person at the Miziwe Biik reception desk no later than 12:00 noon on Thursday March 26, 2020.

What is acceptable as proof of Aboriginal ancestry?

Aboriginal ancestry (Status, Non-Status, Inuit, or Métis)

- -Status Copy of Status Card
- -Métis Copy of Membership Card
- -Inuit Copy of Beneficiary Card
- -Non-Status Copy of Bursary Assessment

□ Check if you would like to be added to our Student Email List			
Email Address:			
EDUCATION			
School Name Program	n		
School Address			
City Province Postal Co	ode		
Year of Study 1			
INFORMATION SOURC	PE		
How did you learn about this bursary? □ College/University □ Community Agency □ Family Member/Friend □ Employment Counsellor □ Advertisement (poster, brochure, flyer) □ Website □ Professional Correspondence □ Other, specify			

LETTER OF INTRODUCTION / ESSAY

Please write a letter of introduction which includes the following:

- Tell us about yourself
- Tell us why you are passionate about your field of study
- Tell us about your goals regarding your future career and employment
- Tell us if you participate in the Native Community
- Tell us anything else that will show your dedication to your field of study and future endeavours

	CHECKLIST			
Plea	Please attach the following along with your completed Application Form:			
	Proof of Aboriginal Ancestry			
	Student ID Card			
	Program of Study Outline			
	Letter of Introduction/Essay (1 page)			
	Timetable or Proof of Enrollment in a Post-Secondary Program, University, College or Trades Institute.			
	Miziwe Biik Client Registration Form (Reception or online website)			
	Employment Ontario Registration Form (Apprenticeship Bursary Only)			
Apı	Applicant's Signature Date			

Non-Status Bursary Assessment

Clients	Name:	
-	portation and Books: Are you currently receiving funding for books or	transportation?
You ar	e:	
	First Nations	#2
	Métis (Include copy of card) o No Card — Please answer question #2	2
	Inuit (Include copy of Beneficiary card) o No Card — Please answer question #	2
2.	Please tell me about your Family's Aboriginal A	Ancestry:
	ning this document, you are giving us permissi	
Signatu	ure	Date



FOR OFFICE USE ONLY		
Projects: C □ E □		
SB□ BL□ DD□ JT□		

CLIENT REGISTRATION FORM

PERSONAL DATA

	SONAL DATA			
Last Name	First Name		te of Birth d/mm/yy)	Gender:
		/	/	- M F
Address (Number & Street)	Apt. No.	City	Province	Postal Code
			G 117	
Telephone Number	Message Number	<u>r</u>	Social Ins	surance Number
			- -	
Email Address: Are you in receipt of Employment Insurance Social Assistance Other (please list)			adian Pension Plan Income	n 🔲
Social Assistance Office OW O	Caseworker Name / Number:			
For Employment Insurance, who is your Emplo	oyment Counsellor?			
Have you collected Employment Insurance in th Have you collected Maternity or Parental Benef	ne past three years?	Ye Ye	s No No	
How long have you been unemployed?	Months	or Yea	urs	
How long ago was it when you accessed a training	ng program? Months_	or Yea	nrs	
Please list the type of training you have taken $_$				
Are you a Post-Secondary student: Yes □	No 🗆 Year Gradu	ated HS: _	OSS	SD □ GED □
Have you ever been convicted of a criminal offer	nce for which a pardon has no	ot been grai	nted: Yes □	No 🗆
Housing: Rent: □ Home Owner: □ Tran	nsitional Housing: \Box Agency: $_$		_ Shelter: □ Ag	gency:
	CHARACTERISTIC	CS		
Language Spoken English o French o Other o	Language Written English o French o Other o	-		
Do you consider yourself Status On-rese Inuit	3.6.4	o Non	-status o	
Status Card Registry Number (10 digits):				
First Nations Band		_Province _		
Referred By Source Conta	act Person_		Telephone	-
Marital Status Single o Married or equivalent o	Number o	f Dependant	s	
A person with a disability is one who, because of in carrying out the activities of daily living.	f a long term or recurring phy	ysical or me	ntal condition ex	periences difficulties
Do you require any accommodation in the workplace resulting from a disability as defined above. Yes o No o				
If yes, please describe requirement:				_
Service Provided By		Tele	phone Number	
Transportation Driver's License Type	Access to Transportation o	Will	ing to Relocate o	

CLIENT REGISTRATION FORM

EDUCATION

High School Grade or Equivalency Completed:			
College: Year One o Year Two o Year Three o	•		
Diploma: Year Attained_ Yes o No o	Province of	College	
University: Year One o Year Two o Year Three o		e	
Degree: Year Attained Province of College Yes o No o Province of College			
Other Training Programs, Courses, Certificates, or Lic	eense/Trade Certificates Acl	nieved:	
EMPLO	OYMENT SOUGHT	7	
Work Preference 1		Years Experience	
Work Preference 2		Years Experience	
EMPLO	YMENT HISTORY	ζ	
Current or Last Employer Employer or Company Name	From	То	
Job Title	Paid o	Volunteer o	
First Previous Employer Employer or Company Name	From	То	
Job Title	Paid o	Volunteer o	
Second Previous Employer Employer or Company Name	From	То	
Job Title	Paid o	Volunteer o	
I verify that the information is complete and Information on the client registration form is contained to Canada, is under the Privacy Act to obtain access to that in information contained in my application form.	collected for the purpose protected under Canada	e of providing employment assistance. 's Privacy Act and you have the right	
Client Signature	Date		

Client Name