



Aboriginal Medical Student Financial Assistance Program (AMSFAP)

Application

September 1, 2017 - August 31, 2018

The AMSFAP was established for Manitoba Aboriginal medical students who, in return for the financial assistance they receive under the AMSFAP are committed to returning service by practising medicine Manitoba upon completion of their postgraduate training.

Before you start

DEADLINE: Your completed and signed Application must be received by **SEPTEMBER 15, 2017**

If faxing your Application, the original must follow immediately by mail. Applications missing information and/or attachments, will not be processed until all information is received. AMSFAP brochures and applications are posted on the web at: www.manitoba.ca/health/amsfap

Manitoba Student Aid (Medical Grants)
Room 401-1181 Portage Avenue
Winnipeg, MB R3G 0T3
Phone: 204-945-5929 • Fax: 204-948-2676

SECTION 100 Your personal information Print clearly in ink.

101 Gender: ☐ Male ☐ Female

102 Last Name:

103 Legal First Name and Initial:

104 Social Insurance Number:

105 Date of Birth:

106 Mailing Address:

107 City or Town:

108 Province or State:

109 Country:

110 Postal or Zip Code:

111 Home Telephone:

112 Pager / Work Number:

113 Email Address:





SECTION 200 Citizenship

201 I am a Canadian Citizen:

☐ Yes

☐ No

202 I am a permanent resident:

☐ Yes

☐ No

203 I am:

☐ First Nation

☐ Inuit

☐ Métis

☐ Non status

Note: If you were not born in Canada, please attach satisfactory proof of Canadian citizenship or Landed Immigrant status. If you are not a Canadian Citizen or permanent resident, you are not eligible for any financial assistance under the AMSFAP.

SECTION 300 Educational Information

301 Full name of your educational institution for 2017/2018:

302 Student Number:

303 Check the program of study you are applying for this grant as:

☐ Medicine Undergraduate

☐ Year 1

☐ Year 2

☐ Year 3

☐ Year 4

304 Indicate the start and end dates of this year's program (e.g., 2017/09/01 to 2018/08/31):

Start

End

305 Postgraduate/residency program (Undergrads include planned RCPSC/CFPC program name):

Note: This information is mandatory. Undergraduates please complete for statistical purposes only.



SECTION 400 Financial Information

Have you previously entered into any signed or oral contract(s) or commitment(s) with the Government of Manitoba including AMSFAP, MSRFAP, any other provincial or territorial government, the Government of Canada, any local/municipal government, or other organizations or funders under which you have agreed or committed to return service?

401 ☐ Yes → Go to **402**

☐ No → Go to **403**

402 Provide the following information:

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)

► The name of the organization and date signed

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

Return of service duration

Location regarding such contract(s)



SECTION 400 Financial Information *(continued)*

If you qualify for financial assistance under the AMSFAP, the funds will be electronically transferred to your personal account once your contract is signed. Complete this section and provide either a void cheque, a Direct Deposit form from your bank, or a completed Manitoba Student Aid Direct Deposit form stamped and verified by your bank.

403 Financial Institution:

406 Postal Code:

404 Address:

407 Transit Number:

405 City/Province:

408 Institution Number:

409 Account Number:

SECTION 500 Alternate Contact

Alternate contacts may be used to assist us in contacting you. Please provide **2 contacts with two different addresses and phone numbers other than yours and each other:**

501 Name of alternate contact 1:

507 Name of alternate contact 2:

502 Relationship:

508 Relationship:

503 Address:

509 Address:

504 Phone Number:

510 Phone Number:

505 City/Province:

511 City/Province:

506 Postal Code:

512 Postal Code:



SECTION 600 Representation/Acknowledgment/Authorization/Declaration

I hereby represent that:

- ▶ All information provided on and/or with this application is complete, accurate and true in every respect.
- ▶ I will not and have not received financial assistance from any other province, government, country, or funder in return for which I agree to provide a return of service other than reported in Section 400.

I hereby acknowledge that:

- ▶ All personal information provided on this Application for the AMSFAP is being collected by the Department of Education and Training, Manitoba Student Aid branch under the authority of the AMSFAP and will be used to determine whether I qualify for the purpose of receiving any financial assistance under the AMSFAP and to administer any financial assistance that I may be approved to receive under the AMSFAP. Such personal information is protected by Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act (Manitoba)*. If I have any questions regarding the collection of personal information, I can contact Manitoba Student Aid, 401 - 1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3 at 204-945-5929.
- ▶ It is my responsibility to immediately notify Manitoba Student Aid, in writing, of any changes to personal, educational, financial or alternate contact information that I have provided on this Application.
- ▶ If I fail to provide complete, accurate and updated information this may result in my being required to repay all of the financial assistance that I receive under the AMSFAP, and may preclude me from receiving any future financial assistance under the AMSFAP.
- ▶ If this Application is approved, I will sign a contract with the province of Manitoba in the form and content approved for this purpose by the Department of Health, Seniors and Active Living.

I hereby authorize:

- ▶ Manitoba Student Aid to receive information (including education and employment) from and to provide information to educational institutions, financial institutions, consumer credit reporting agencies, employers, service providers, government agencies or authorities and any other persons considered necessary for the purposes of verifying or investigating this Application; administering and enforcing the contract and any laws pertaining to student aid; and keeping and analyzing statistical records. Also, I consent to the Department of Health, Seniors and Active Living disclosing my name, mailing address, year of graduation/post-graduation, etc. for recruitment purposes to prospective employers in the province of Manitoba, including (but not limited to) regional health authorities, hospitals and clinics.

I make this Declaration and Authorization knowing that:

- ▶ In return for any financial assistance received in the 2017/2018 year (September 1/17 - August 31/18), upon completion of my postgraduate medical training program, I will return to/remain in the province of Manitoba and practice in the medical field for which I was trained, for a minimum period equal to six (6) months full time. Should I fail to fulfill the full six (6) months return of service, I will immediately repay the balance owing under the contract.
- ▶ Financial assistance under this program is taxable to the recipient in the year in which it is received. While there will be no deductions at source, a T4 will be issued and I am responsible for including the amount of the financial assistance in my income in the year in which it is received.
- ▶ If, for any reason, I do not complete my undergraduate medical training or postgraduate/residency/sub-specialty program, as the case may be, I will be required to immediately repay all of the financial assistance that I receive under the AMSFAP, plus interest accrued from the day my training was completed.
- ▶ If I default in returning service, fail to repay any financial assistance received under the AMSFAP or provide any inaccurate, false or misleading information on this Application, notice of such default may be provided to Canada Revenue Agency, financial institutions, service providers, consumer credit reporting agencies and/or collection agencies acting on behalf of the Government of Manitoba, and my credit rating will be affected. If I default on my AMSFAP debt repayments, Section 47 of *The Financial Administration Act* (right of set-off) may apply.
- ▶ I may be required to immediately repay all or part of the assistance I receive if my assessment is found to be inaccurate, even if such inaccuracy is a result of an inadvertent error on my part or on the part of the Department of Education and Training.
- ▶ There is no obligation on the part of the Government of Manitoba to provide me with financial assistance under the AMSFAP.
- ▶ I have read and fully understand the contents of this Application.

Signature _____ Date _____