

# CMA FOUNDATION COVID-19 SUPPORT FOR MEDICAL LEARNERS BURSARY

## Application

### Section A: Personal Information

Student ID Number \_\_\_\_\_

Medical Student  Year \_\_\_\_\_ Resident  PGY \_\_\_\_\_ Residency Program Name: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University email address \_\_\_\_\_ Cellular phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Citizenship:  Canadian  Permanent Resident

Status:  Single Dependent  Single Independent  Married/Common Law  Sole Support Parent

If you have dependent children, indicate number of children and their ages: \_\_\_\_\_

Please provide information on your geographic background (e.g., are you from a rural, urban, Northern community and from which province/territory):

\_\_\_\_\_

Do you self-identify as a member of an underrepresented group? \_\_\_\_\_ If so, please identify: \_\_\_\_\_

### Section B: Nature of Request

Total Amount Requested: \$ \_\_\_\_\_

Description of Emergency Financial Assistance needed or nature of Non-Emergency Reimbursement (may attach additional page):

Is financial need related to COVID-19? If so, please describe. Be as specific as possible in describing how requested funds are above and beyond regular financial needs or as a result to coping with COVID-19 (may attach additional page):

Timeline of Need (ie. Immediate, specific date or specific period of time) \_\_\_\_\_

For office use only:

Reset Form



## Section C: Personal Budget for July 2020 - June 2021 Academic Year

Complete Section C only if requested bursary amount is greater than \$250

Accommodation During Academic Year:

With parents

Other – specify (rent or own) \_\_\_\_\_

### INCOME AND RESOURCES

Estimated yearly net employment income \_\_\_\_\_

Other income \_\_\_\_\_

Parent or Spousal Contribution \_\_\_\_\_

Student aid received (bursaries, government grants) \_\_\_\_\_

Scholarships and awards received \_\_\_\_\_

Assets (e.g. savings, RRSP, etc.) \_\_\_\_\_

**Total Resources** \_\_\_\_\_

Total amount **owing** on personal line of credits \_\_\_\_\_

Total amount **available** on personal line of credits \_\_\_\_\_

### YEARLY EXPENSES

Tuition and compulsory fees \_\_\_\_\_

Rent/mortgage and utilities \_\_\_\_\_

Phone and internet costs \_\_\_\_\_

Groceries/Food cost \_\_\_\_\_

Local transportation expenses (bus/fuel/parking) \_\_\_\_\_

Personal care and clothing expenses \_\_\_\_\_

Entertainment and recreation expenses \_\_\_\_\_

Childcare expenses \_\_\_\_\_

Uninsured medical or dental expenses \_\_\_\_\_

**Total Yearly Expenses** \_\_\_\_\_

## Section D: Applicant's Declaration and Consent

### *Notice Regarding Collection, Use, and Disclosure of Personal Information by the University*

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purposes of determining your eligibility for the CMA Foundation COVID-19 Support for Medical Learners Bursary and for communication with the Bursary committee. Your information provided will be made non-identifiable for the purposes of sharing with the CMA Foundation. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

### *Declaration*

I declare that all of the information that I have given on this form is true and accurate. If any information is inaccurate, I understand that any bursary awarded may be reassessed and/or withdrawn.

\_\_\_\_\_  
Student/Resident Signature

\_\_\_\_\_  
Date

Please email your completed application to:

Jen Parker  
UGME Awards Office  
Max Rady College of Medicines  
[AwardsUGME@umanitoba.ca](mailto:AwardsUGME@umanitoba.ca)