

Applicant Information

Have you ever applied to/been registered with The University of Winnipeg? Y/N _____

Family/Last Name: _____ Middle Name: _____

First Name: _____ UW Student #: _____

*if available

Gender: Female Male Gender Diverse Prefer Not to Say!! Date of Birth (mm/dd/yy): _____

SIN#: _____

Note: Due to Covid 19, all classes will be taught via zoom. It is important for students enrolled in this program to have good internet connection.

Telephone: _____ Email: _____

Mailing Address:

Street Address: _____ City: _____

Province/State: _____ Postal/Country Code: _____

Demographics & Language

Indigenous Ancestry:

First Nations Non-Status Inuit Metis Other

Community: _____

Spoken Languages:

Which Indigenous language(s) are you fluent in? _____

What is your first language? _____ What is your second language? _____

Academic Information

Where did you first hear about our Teaching Indigenous Languages Program?

What is your highest level of education?

Secondary / High School Post-Secondary/University or College

Institution City: _____ Institution Name: _____

High School:

Did you graduate? Y/N _____ Graduation Year, if applicable _____

Post-Secondary:

Credential Earned? _____ Degree Diploma Not applicable

Degree Name _____ Graduation Year _____

Program Information

Applicants for this pilot program will have the opportunity for sponsorship of tuition and books.

Are you requesting sponsorship consideration? Yes No

If you are not selected as a sponsored student, do you have an alternate funding source to cover tuition and book

Yes No If yes, by whom _____

Program Costs:

Tuition & Books: \$2,550 if selected the final tuition is due on the first day of classes

\$625 for books and supplies

Required Documentation

Submit the following required documents with your application form:

One-page written explanation on why you would like to take the program and how it applies to your teaching/education goals.

Copy of high school transcripts. Please notify us if unavailable to make alternate arrangements.

Video and Photo Release

I hereby grant permission to University of Winnipeg and Indigenous Languages of Manitoba to use my likeness for still and/or video photography in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, printed, direct-mail pieces, electronic media) including video, CD-ROM, Internet/WWW) or other form of promotion without further consideration. I acknowledge the University of Winnipeg and Indigenous Languages of Manitoba right to crop or treat the image at its discretion.

I also understand that if and when my image is posted on a college/district website, the image can be downloaded by any computer user. Therefore, I agree that no claims can be made against the University of Winnipeg and Indigenous Languages of Manitoba, or any of its representatives.

University of Winnipeg and Indigenous Languages of Manitoba understands and agrees that although it has received permission to use a photograph, the UW or ILM is under no obligation to use any photograph it owns under its jurisdiction.

Signature

Emergency Contact Information

I, _____, consent to the release of my personal information to the contact listed below in case of emergency during my time in the English Language Program at The University of Winnipeg.

First Name: _____ Last Name: _____ Relationship: _____

Telephone: _____ Email: _____

Release of Information

Complete this section if you wish to authorize the university to disclose information regarding your enrolment status or release your documents to Indigenous Languages of Manitoba.

Do you consent to the release of personal information to an authorized person or organization? Y/N _____

Name of Authorized Person or Organization: _____

Relationship: Parent Guardian Next of Kin Other _____ **if other, please indicate relationship*

Phone Number: _____ **Email:** _____

I declare that I have read and understood the information on this application, and that all statements made with respect to this application are true and complete. I understand and I agree to the payment schedule and refund policy of the Teaching Indigenous Languages Program. I understand that accepting this declaration permits The University of Winnipeg & Indigenous Languages of Manitoba to request, confirm, and/or share any necessary information with other educational institutions to support my application. I understand that information regarding my enrolment status in the program and copies of my enrolment documents may be disclosed to any third party noted in the above "Permission to Release". I agree, if admitted, to comply with the regulations of The University of Winnipeg.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA): The University of Winnipeg will use the personal information collected on this form for registration, accounting and correspondence purposes related to fee payment only. It is collected under the general authority of The University of Winnipeg Act, in conformity with, and protected under, the Manitoba Freedom of Information and Protection of Privacy Act. Elements of your personal information may also be provided to program staff to inform you of program and community events, and to Advancement Services/University of Winnipeg Foundation for alumni contact purposes. Finally, personal information may be used to conduct research into program enrolment and related statistical profiling activities.

I have read and understood the FIPPA statement and Important Program Policies above.

Student Signature: _____

Date: _____

Please return completed application form and required documents!:

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For more information

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[Indigenous UWinnipeg | The University of Winnipeg](#)