



Medical Student/Resident Financial Assistance Program (MSRFAP)

Application for the Educational Assistance Option

July 1, 2012 - June 30, 2013

The MSRFAP was established for Manitoba medical students and medical residents who, in return for the financial assistance they receive under the MSRFAP are committed to returning service by practicing medicine in the Province of Manitoba upon completion of their postgraduate training.

Before you start

DEADLINE: Your completed and signed Application must be received by AUGUST 15, 2012

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. MSRFAP brochures and applications are posted on the web at: www.manitoba.ca/health/msrfap

Manitoba Advanced Education and Literacy - Student Aid Branch (MSRFAP)
Room 401-1181 Portage Avenue
Winnipeg MB R3G 0T3
Phone: (204) 945-8509 • Fax: (204) 948-2676

SECTION 100 Your personal information Print clearly in ink.

101 Mr. Ms. Mrs.

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 Fax Number:

114 Email Address



SECTION 200 Educational Information



201 Full name of your educational institution for 2012/2013:

202 Student Number:

203 If you will be attending an institution outside the Province of Manitoba provide the mailing address:

204 Check the program of study you are applying for this grant as: ROS=Return Of Service

UG1 (6 mos ROS location directed)

UG2 (6 mos ROS location directed)

UG3 (6 mos ROS location directed)

OR UG3 * (12 mos ROS)

UG4 (6 mos ROS location directed)

OR UG4 (12 mos ROS)

OR UG4 ** Rural / Northern Initiative (12 mos rural ROS location directed)

OR Post Graduate/Resident PGY # _____ of # _____

Northern / Remote Family Medicine Stream (NRFMS) PGY# _____ of # _____

OR Resident in a Sub-Specialty Program PGY # _____ of # _____

**If you are in Year 3 of an undergraduate medical program at the University of Manitoba or University of Ottawa (in French), Faculty of Medicine, you are required to provide a separate signed letter with this Application, expressing your commitment to return service in a rural community in Manitoba (excluding Winnipeg). Applicants are required to provide letters of support from a rural community. For further details refer to the MSRFAP brochure at www.manitoba.ca/health/msrfap.*

***UG4 Rural/Northern Initiative ROS can be done in three 4 month locums over 3 years.*

205 If you are an undergraduate or postgraduate resident, indicate the start and end dates of this year's program (e.g., 2010/07/01 to 2011/06/30):

Start End

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

207 Expected date of completion of your postgraduate/residency program:



208 Are you planning to enroll in a sub-specialty training program?

Yes No

209 If known, name your planned sub-specialty program:

210 Expected date of completion of this training:

Y Y Y Y M M D D

211 If you are enrolling this year in a sub-specialty training program, indicate the start and end dates of this year's program (e.g., 2010/07/01 to 2011/06/30):

Start 2 0 1 2 M M D D End 2 0 1 3 M M D D

212 If known, name your sub-specialty program:

213 Expected date of completion of sub-specialty training:

Y Y Y Y M M D D

Note: If you are in an undergraduate/postgraduate/residency/sub-specialty program outside the Province of Manitoba, you must provide, together with this Application, verification of your graduation from The University of Manitoba, Faculty of Medicine, or the Francophone Medical Program at the University of Ottawa, in the form of the degree that was issued to you by the university.

A legible photocopy of your degree will suffice. You must provide confirmation of your enrollment after your start date and provide the following contact information:

214 Name:

215 Title: (e.g., Departmental Head or Residency Program Head)

216 E-mail Address:

217 Phone Number:

SECTION 300 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?

301 Yes → Go to **302**

No → Go to **303**

302 Provide the following information:

▶ The name of the organization and date signed

Return of service duration

Location regarding such contract(s)

▶ The name of the organization and date signed

Return of service duration

Location regarding such contract(s)

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▶ The name of the organization and date signed

Return of service duration

Location regarding such contract(s)

SECTION 300 Financial Information *(continued)*



If you qualify for financial assistance under the MSRFAP, the funds will be electronically transferred to your personal account once your contract is signed. Either provide a void cheque for this account OR provide the following information:

303 Financial Institution:

306 Postal Code:

304 Address:

307 Transit Number

305 City/Province:

308 Institution Number:

309 Account Number:

SECTION 400 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:

401 Name of alternate contact 1:

407 Name of alternate contact 2:

402 Relationship:

408 Relationship:

403 Address:

409 Address:

404 City/Province:

410 City/Province:

405 Postal Code:

411 Postal Code:

406 Phone Number:

412 Phone Number:



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 300.

I hereby acknowledge that:

- ▶ All personal information provided on this Application for the MSRFAP is being collected by Manitoba Advanced Education and Literacy, Student Aid Branch under the authority of the MSRFAP and will be used to determine whether I qualify for the purpose of receiving any financial assistance under the MSRFAP and to administer any financial assistance that I may be approved to receive under the MSRFAP. 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 Advanced Education and Literacy, 401 - 1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3 at (204) 945-8509.
- ▶ 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 MSRFAP, and may preclude me from receiving any future financial assistance under the MSRFAP.
- ▶ 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 Manitoba Health.

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 Manitoba Health disclosing my name, mailing address, year of graduation/postgraduation, 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 2012/2013 year (July 1/12 - June 30/13), 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 months (6 months full time) if participating in the undergraduate location directed, other than the Rural Northern Initiative where it, and others require one year (12 months full time) unless participating in the Northern Remote Physician Practice Initiative (24 months full-time). Should I fail to fulfill the full 12 or 24 months return of service, I will immediately repay the balance owing under the Contract, plus interest accrued from the day the financial assistance was provided to the financial institution referred to in Section 300 of this Application.
- ▶ 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 MSRFAP, plus interest accrued from the day it was provided to my financial institution.
- ▶ If I default in returning service, fail to repay any financial assistance received under the MSRFAP 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 MSRFAP 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 Advanced Education and Literacy.
- ▶ There is no obligation on the part of the Government of Manitoba to provide me with financial assistance under the MSRFAP.
- ▶ I have read and fully understand the contents of this Application.

Signature _____ **Date** _____

Should you wish to provide any additional information that you feel may assist Manitoba Health and Manitoba Advanced Education and Literacy in reviewing your Application, please do so on a separate dated and signed sheet.