

RFHS Graduate Stipend Top-Up Support Program Application Form

| Student | contact information | | | | | | | | |
|---------------------------|------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|--------------------------|--|--|--|
| Salutation Last Name | | | First Name | | | Department/College | | | |
| | | | | | | | | | |
| Email | | UM S | Language Lan | Current Program | | Expected graduation date | | | |
| | | | | | DI D | | | | |
| | | | | Master's | PhD | | | | |
| Student Home Address | | | | | | | | | |
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| Advisor a | and Department Head/De | an Identif | fication | | | | | | |
| Advisor | and Department Head/De | Jan Identii | loation | | | | | | |
| Salutation | Last Name | | First Name | | | Email | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Co-Adviso | or (if applicable) | | | | | | | | |
| Salutation | Last Name | | First Name | | | Email | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | nt Head or Dean/Delegate | | | | | | | | |
| Salutation | Last Name | | First Name | | | Email | | | |
| | | | | | | | | | |
| Danamina | t and/an Callana | | | | | | | | |
| Department and/or College | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Eligibility | , | | | | | | | | |
| | | | | | | | | | |
| I, | I,,have read the guidelines for the RFHS Top-up Program and I am eligible to apply | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | A = = 1/2 = = - 4 = | alama atom - | | | | | | |
| Date | | Applicant E | -signature | | | | | | |



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| Stipend Award Program Information | | | | | | | | |
|---------------------------------------------------------------------------------------------------------|---------------------|-------------------|---------------------|------------------------------|-----------------------|---------------------------|--|--|
| From the eligible programs | below, sele | ect the one you a | re receiving stip | end from: | | | | |
| Faculty of Graduate Studies Graduate Enhancement of Tri-Agency Stipends (GETS); | | | | | | | | |
| University of Manitoba Graduate Fellowship (UMGF) Top-up; | | | | | | | | |
| Tri-Council Canada Graduate Scholarships – Master's or Doctoral Award (CIHR/NSERC/SSHRC). | | | | | | | | |
| | | | | os (please provide details l | • | | | |
| UM-TMSA UM Tri-Council Top-up Award | | | | | | | | |
| Start Date End Date | | | Total Amount (| CAD) | Amount per year (CAD) | | | |
| | | | | | | | | |
| | | | | | | | | |
| Current Advisor Suppo | rt | | | | | | | |
| Start Date | End Date | | Total Amount (CAD) | | Amount per year (CAD) | | | |
| | | | | | | | | |
| | | | | | | | | |
| Other stipend sources: | please list | | ng, and applied for | | top-ups | · | | |
| Program/award name | | Start Date | | End Date | | Total Amount (CAD) | | |
| | | | | | | | | |
| Program/award name | | Start Date | | End Date | | Total Amount (CAD) | | |
| | | | | | | | | |
| | | | | | | T + 14 + (04D) | | |
| Program/award name | Start Date | | End Date | | Total Amount (CAD) | | | |
| | | | | | | | | |
| Program/award name | Start Date | | End Date | | Total Amount (CAD) | | | |
| | | | | | | | | |
| | | | | | | | | |
| Advisor Commitment | | | | | | | | |
| 1 | | | /the | advisor) will contribute | the mir | simum required emount* of | | |
| I, (the advisor) will contribute the minimum required amount* of | | | | | | | | |
| (CAD/year) towards the student's stipend. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Date | Advisor E-signature | | | | | | | |
| *Check the REHS Stinend Ton-up Support Program Guidelines for minimum amounts for each eligible program | | | | | | | | |



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| Application Declarat | ion | | |
|-------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------|
| _ | • | full name) hereby declare that the informati tus (e.g., change in stipend amount, gradu to take effect. | • |
| Application Signature | es | | |
| Student name | E-signature | Advisor name | E-signature |
| Co-Advisor name | E-signature | Dept. Head/College Dean name | E-signature |
| Date | | | |
| Submission | | | |
| (e.g., Smith-John - RFH Attach to your applica | dS Top-up.pdf") to rfhsgradua ation (together with this form | OF named as "applicant last name-first nar teawards@umanitoba.ca. | |
| funding that you listed | d in your application. | | |

Please note that all sections of the form must be completed. Incomplete applications will not be considered.