



Student contact information			
Salutation	Last Name	First Name	Department/College
Email	UM Student Number	Current Program Master's PhD	Expected graduation date
Student Home Address			

Advisor and Department Head/Dean Identification			
Advisor			
Salutation	Last Name	First Name	Email
Co-Advisor (if applicable)			
Salutation	Last Name	First Name	Email
Department Head or Dean/Delegate			
Salutation	Last Name	First Name	Email
Department and/or College			

Eligibility	
<p>I, _____, have read the guidelines for the RFHS Top-up Program and I am eligible to apply. In addition, I have done the eligibility calculation on page 2 and the sum of the applicable stipend sources amounts to less than \$19000 or \$24000 per year for master's or doctoral program, respectively .</p>	
_____ Date	_____ Applicant E-signature



Stipend Award Program Information

From the eligible programs below, select the one that is your main stipend source:

Faculty of Graduate Studies Graduate Enhancement of Tri-Agency Stipends (GETS) (Complete Boxes A and B, and C and D if applicable);

University of Manitoba Graduate Fellowship (UMGF) Top-up (Complete Boxes A and B, and C and D if applicable);

Tri-Council Canada Graduate Scholarships – Master’s or Doctoral Award (CIHR/NSERC/SSHRC) (Complete Boxes A, and C and D if applicable);

I am receiving the appropriate University of Manitoba Top-ups (please provide details below): (Complete Box C)

UM-TMSA

UM Tri-Council Top-up Award

A

Start Date	End Date	Total Amount (CAD)	Amount per year (CAD)

B

Required Advisor Contribution/Partnering to hold stipend in Box A

Start Date	End Date	Total Amount (CAD)	Amount per year (CAD)

C

Other stipend sources: please list all held stipend sources (including top-ups).

Program/award name	Start Date	End Date	Total Amount (CAD)	Amount (CAD/year)

D

Advisor-Initiated/Optional Top-up (NOT considered in the calculation toward eligibility).

Start Date	End Date	Total Amount (CAD)	Amount per year (CAD)

Eligibility Calculation

For Master's, if boxes A + B + C < \$19000, or

For PhD, if boxes A+B+C < \$24000, then the applicant is eligible.



Advisor Commitment

I, _____ the advisor, will contribute up to the minimum required amount¹ towards the student's RFHS stipend top-up (final amount TBD) until _____, and furthermore, I acknowledge that it is my responsibility to arrange this, accordingly. Also, I understand that I may provide further stipend top-up (optional).

_____ Date

_____ Advisor E-signature

¹Check the RFHS Stipend Top-up Support Program Guidelines for minimum amounts requirements for each eligible program.

Application Declaration

I, _____ (student full name) hereby declare that the information provided is true and correct, and I will notify the RFHS of any relevant changes to my student status (e.g., change in stipend amount - except advisor-initiated top-up beyond \$19,000 (Master's) and \$24,000 (PhD), graduation ahead of schedule, leave of absence from studies), as soon as any changes are to take effect.

Application Signatures

_____ Student name

_____ E-signature

_____ Advisor name

_____ E-signature

_____ Co-Advisor name

_____ E-signature

_____ Dept. Head/College Dean name

_____ E-signature

_____ Date

Submission

Please email the completed application as a single PDF named as "applicant last name-first name - RFHS Top-up.pdf" (e.g., Smith-John - RFHS Top-up.pdf") to rfhsgraduateawards@umanitoba.ca.

Attach to your application (together with this form as a single pdf file) the offer letters (not SFBs) for all sources of stipend funding that you listed in your application (for the advisor match only, the SFB is accepted as an attachment).

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