

## The Peaceful Village **Scholarship Recipient Claim Form**

## **Section A: Personal Information**

Student Name:	Gender: M / F
9-Digit Manitoba Health Card:	Birthdate(DD/MM/YY):
Home Address:	Poster Code:
E-mail Address:	Contact Number:
Section B: Post-Secondary Information	
	Province:
Student Number:	Field of Study:
Section C: Scholarship Information	
Amount of Scholarship awarded:	
Peaceful Village Site Attended:	
Year Graduated or Left Program:	
I would like scholarship award distributed (check all th	at apply):
Tuition (Amt:), Bo Technology (Amt:), Oth	oks (Amt:) ner (Amt:)
I have attached receipts for reimbursement Signature of Scholarship Recipient:	Date:
with the student's name and student number on the meavailable for pick up. Receipts must accompany claim.	ation only unless otherwise indicated. Cheques will be sent mo line. Reimbursement cheques will be mailed or be made. You must notify the MSIP in writing if you choose not to be returned to the office in order to keep your scholarship hin 6 months of issue.
Scholarships may be used for tuition, supplies, book	as, lab fees and transportation.
STUDENTS MAY BE ASKED TO BRING COPY O ISSUED AWARD.	OF SCHOLARSHIP CERTIFICATE PRIOR TO BEING
	O ALLOW FOR ENOUGH TIME FOR THE MSIP DUCATIONAL INSTITUTION'S FEE DEADLINE. ES WHICH MAY BE DEDUCTED OFF OF THEIR
Mail or hand deliver this form to:  Manitoba School Improvement Program Inc. or 1008 Wall St Winnipeg, MB R3G 2V3	Email to: reception@msip.ca

Please allow two weeks for processing.

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