

2025 KEITH COOPER SCHOLARSHIP FUND

INTRODUCTION

In 2002, the Board and staff of Winnipeg Child and Family Services (WCFS) announced the creation of the Keith Cooper Scholarship Fund for children in and from care who wish to pursue post-secondary education. The fund acknowledges the late Keith Cooper, former WCFS Chief Executive Officer and educator, and his commitment to the education of children in Agency care.

The scholarship program draws on funds from the Winnipeg Foundation Gilroy/Acheson account, which has been designated for use by children in care. Formerly a scholarship for WCFS, the Keith Cooper Scholarship Fund is now available to all four Child and Family Services Authorities and Peguis Child and Family Services. The scholarship committee includes representatives from each of the CFS Authorities, VOICES: Manitoba's Youth in Care Network, Peguis Child and Family Services, and Futures Forward. Several scholarships of \$1,000 are awarded annually. **There are no age restrictions to apply.** Scholarship recipients are also able to re-apply for the scholarship each year of study in order to complete a university degree, diploma, technical or vocational program.

To be eligible applicants must:

1. Be currently or formerly in the care of agencies or regional offices delivering child welfare services under the four Manitoba CFS Authorities, Peguis Child and Family Services, or the child welfare agencies that preceded them.
2. Be pursuing their first post-secondary degree, diploma or certificate program.
3. Have applied to, been accepted to, or currently enrolled in a certificate, diploma, or degree program at a recognized post-secondary institution for the 2025-2026 academic year.

The Panel will then award scholarship(s) based upon:

1. Financial need, including the availability of other financial resources.
2. Grades, academic achievement and participation in extra-curricular activities to date.
3. Having an available support system.
4. Submitting the application on or before **Monday, July 14, at 9:00 am.**

Scholarship recipients will be announced by mid-August 2025.

Incomplete or late applications will not be accepted.

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INSTRUCTIONS

Please complete the attached application package. Your completed package should include:

- Pages 3 – 8 of this application
- A copy of your latest school transcript*
- One **current** letter of reference**
- Letter of Acceptance (for new students)
- Current or upcoming class schedule (for returning students)

*Unofficial academic transcripts and class schedules from your student account are acceptable.

**A current letter of reference may include a general letter of reference obtained for the purpose of applying for any academic scholarship, grant or bursary for the 2025-26 academic year.

Applicants should complete the entire application and return it to the:

Southern First Nations Network of Care

Attention: Keith Cooper Scholarship Selection Committee

Email: Sarah.Flattery@southernnetwork.org

Phone: 204-783-9190 (Ask for Sarah Flattery)

Only emailed submissions are accepted. Please include ‘**Keith Cooper Scholarship Application**’ in the subject line. Send your application, along with **all attachments**, as **one complete email**. Clear photographs of the required attachments will be accepted if you do not have access to a scanner.

If you need help completing the form please contact:

Jade Richardson

Post-Secondary Education Advisor

Futures Forward

Email: jrichardson@yesmb.ca

Phone: 204-987-8661 ext. 672

**All completed application packages must be received by
Monday, July 14, 2025 at 9:00 am.**

Incomplete or late packages will not be accepted.

Keith Cooper Scholarship Fund Application Form

2025-2026

1. General Information

| | |
|---|--|
| Name: | |
| Address: | |
| City, Prov., Postal Code: | |
| Mailing Address (if different from above): | |
| City, Prov., Postal Code: | |
| Home Phone: | |
| Work Phone: | |
| Cell Phone: | |
| E-Mail Address: | |
| Date of Birth: | |

2. Child Welfare History

| | |
|-----------------------------------|--|
| Name of CFS Agency: | |
| Legal Status with Agency: | <input type="checkbox"/> Temporary Ward <input type="checkbox"/> Permanent Ward <input type="checkbox"/> Other |
| How long were you in Agency care? | |
| Agency Contact (optional) | |
| Name: | |
| Phone #: | |

3. Education

| | |
|--|--|
| Last grade completed /date: | |
| Last school attended: | |
| Year of Graduation (if applicable): | |

4. Educational Plans

| | |
|---|--|
| Name of Institution you have applied to or will be attending: | |
| Student Identification Number: (If known) | |
| For new students, have you received a Letter of Acceptance? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach acceptance letter with your application) |

| | |
|---|--|
| What program do you plan to enter or what degree do you hope to pursue? | |
| Will your studies be full-time or part-time? | |
| What is the length of the program? (Months/years) | |
| What date does the program start? | |
| Please explain why this area is of interest to you: | |

5. Financial Information

Have you applied for other financial assistance? (tuition waiver, bursaries, student loans, scholarships, band funding)

Yes

No

If yes, please list the financial assistance resources you have applied for:

Will you be receiving financial assistance?

Yes, this funding has been confirmed

I have applied but funding has not been confirmed

No, I have not applied for any other financial assistance

Please list all of the financial assistance you will be receiving and the amount for each:

Do you have an Agreement with Young Adults (aka Extension of Care)?

Yes

No

Are you receiving agency funding through the Supports for Young Adults grant?

Yes

No

Did you receive a Tuition Waiver for the 2024-2025 academic year?

Yes

No

Will you receive a Tuition Waiver for the 2025-2026 academic year?

Yes

No

Unsure

Please list your total expenses in each category for the next year:

| | |
|-------------------------|--|
| Tuition: | |
| Books/Equipment: | |
| Rent/Mortgage: | |
| Food: | |
| Transportation: | |
| Child-related Expenses: | |
| Other: | |
| | |
| Total Expenses: | |

6. Employment

Are you currently employed?

Yes, Part-time

Yes, Full-time

No

Do you plan to work while going to school? Please describe:

What is the total financial contribution you plan to make towards your expenses this school year?

7. Extracurricular Activities

Are you currently involved in any extracurricular activities? (Volunteering, sports, art, dance, student governance, school clubs, etc.)

Yes

No

If yes, please describe:

Are there extracurricular activities you would like to pursue in the future? If yes, please describe.

8. Personal Information

Please tell us more about yourself by responding to the following questions:

- a) How did you get where you are today?

- b) What are your short and long-term academic and personal goals?

c) What steps are you taking to reach your goals?

d) Who are the people in your life that support you emotionally and are willing to continue supporting you while you attend school? Are there other forms of support you think you will need?

9. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |