



## MSVU Post Care Tuition Waiver Program Application

Mount Saint Vincent University's Post Care Tuition Waiver Program (PCTWP) is an initiative aimed at making post secondary education more accessible for former youth in care by waiving tuition and mandatory fees for eligible students.

Mount Saint Vincent University (MSVU) offers the PCTWP to 10 eligible students who have lived in care for a minimum of one year (consecutive or accumulated) in the Nova Scotia foster child welfare system including Mi'kmaw Family and Children's Services of Nova Scotia, the Nova Scotia Home for Colored Children or have received Youth Services between the ages of 16 - 18 via signed agreement, as defined by Section 19 of the Children and Family Services Act, 2017 and have met additional criteria as outlined in this application.

### Eligibility Criteria (Please check all that apply)

Have experience in care for a minimum of one year (consecutive or accumulated) in the Nova Scotia foster child welfare system or Mi'kmaw Family and Children's Services of Nova Scotia, the Nova Scotia Home for Colored Children or have received Youth Services between the ages of 16 – 18 via signed agreement, as defined by Section 19 of the Children and Family Services Act, 2017

You have obtained an offer of admission from MSVU meeting your desired program admission requirements.

You are entering or working towards completing your first certificate, diploma or degree program, some exceptions apply: 2+2 NSCC students, non-credited certificate completions and other educational circumstances may be considered

Will meet with an Academic Advisor to review educational goals and preparedness. To book an appointment please email [advising@msvu.ca](mailto:advising@msvu.ca)

You are not currently receiving or eligible for the NS Department of Community Services' Educational Bursary Program for Children in or Formerly in Care.

You are willing to meet with a PCTWP coordinator to explore other sources of funding and an orientation to MSVU.

If you do not meet any of the criteria outlined above, you may provide an explanation under Extenuating Circumstances in Section 5-Additional Information of this application.

### How To Apply:

#### Step 1

All applicants must seek verification by contacting the Disclosure Program: We require verification of past child welfare involvement to ensure eligibility for the PCTWP. They will provide you with a letter of verification.

#### Disclosure Program - Department of Community Services

Phone: 902-424-2755

Toll-free (within Canada): 1-833-424-2755

[disclosureprogram@novascotia.ca](mailto:disclosureprogram@novascotia.ca)

2131 Gottingen Street, 3rd Floor Halifax  
Nova Scotia B3K 5Z7

#### Step 2

Complete the Post Care Tuition Waiver Application. Application is available in PDF form, please download, fill (including your MSVU student number) and complete all sections.

#### Step 3

Send Verification Letter received from the Disclosure Program and the PCTWP Application and any other relevant documents to: [PCTWP@msvu.ca](mailto:PCTWP@msvu.ca) or by mail:

#### Mount Saint Vincent University

ATTN: PCTWP

EMF 108

166 Bedford Hwy Halifax, NS B3M 2J6

All complete applications must be received by **May 31, 2023**.

#### Questions:

Please email your questions and comments to [PCTWP@msvu.ca](mailto:PCTWP@msvu.ca)

Mount Saint Vincent University reserves the right to change criteria based on funding available

## MSVU PCTWP Student Application

Please note: Fully complete all sections. Any missing details could render your application ineligible. The PCTWP coordinator will confirm receipt of your application upon submission.

**Disclosure:** This personal information is being collected under the authority of Mount Saint Vincent University (MSVU) and is protected by the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP). Access to this information is restricted to MSVU staff with direct responsibility for managing the Post-Care Tuition Waiver Program process and committee. This personal information may also be used for administrative and statistical purposes by MSVU.

### SECTION 1 – PERSONAL INFORMATION:

Name (first and last) \_\_\_\_\_

MSVU Student #: \_\_\_\_\_ MSVU Email \_\_\_\_\_

Alternate Email \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

### SECTION 2 – EDUCATIONAL HISTORY

Please list, if any, post-secondary educational institutions you have attended:

NAME OF INSTITUTION	PROGRAM	YEARS ATTENDED	DID YOU GRADUATE or COMPLETE?

### SECTION 3 – MSVU PROGRAM INFORMATION

Name of program you have received an offer of admission from MSVU: \_\_\_\_\_

Start Date \_\_\_\_\_

Year of Study \_\_\_\_\_

Part-Time

Full-Time

## SECTION 4 - Statement of Educational Goals

**Educational/Academic Plan:** Provide details of your educational goals. Provide us with an overview of: why you chose your program/field of study, your career aspirations and educational goals, and why you believe you will succeed in your chosen profession upon graduation. If necessary, attach additional information on a separate sheet of paper.

---

## SECTION 5 - Financial Information

Do you have any other forms of sponsorship? (EI, Scholarship, Bursary, Band Sponsorship, VRS , other)

---

**Have you applied/accessed any of the following loans and/or grants:**

NS Full Time Loan/Grant:            Yes            No

NS Part Time Loan/Grant:            Yes            No

## Financial Need Statement

**Financial Need:** Provide details explaining why you should be considered for financial assistance. Use this section to provide explanation of any special financial circumstances you are experiencing including housing, debt payments, family care, transportation, medical or other if applicable. If necessary, attach additional information on a separate sheet of paper.

---

**Extenuating Circumstances:** If you do not meet the criteria outlined on page 1 of this application, provide us with comments supporting why you should be considered for the MSVU Post Care Tuition Waiver Program. If necessary, attach additional information on a separate sheet of paper.

---

## SECTION 6 – Declaration

I understand that my signature below means that:

I certify that all the information is complete and accurate. If I do not provide complete, accurate information, my application may not be reviewed.

The PCTWP coordinator may review personal and demographic information as submitted to MSVU during the program application process.

I will notify MSVU in writing of any changes in my contact information, financial situation and enrollment.

Authority to collect: The information included in this form and authorized herein is collected for the purpose of determining eligibility for a benefit under the Mount Saint Vincent University Post Care Tuition Waiver Program. Any questions about the collection, use or disclosure of this information should be directed to the program coordinator by email [PCTWP@msvu.ca](mailto:PCTWP@msvu.ca)

**By Checking here      and typing my full name below, I am electronically signing my application**

---

First Name

Last Name

Date (DD/MM/YY)

or

---

**Signature of Applicant**

Email DCS verification letter and this completed PCTWP Application to : [PCTWP@msvu.ca](mailto:PCTWP@msvu.ca)

or send by mail to:

Mount Saint Vincent University

ATTN: PCTWP

EMF 108

166 Bedford Hwy

Halifax, NS B3M 2J6