

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 child welfare system – including Mi'kmaw Family and Children's Services of Nova Scotia and 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](#), and have met additional criteria as outlined in this 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 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. MSVU reserves the right to change criteria based on funding available.

HOW TO APPLY

Step 1: Obtain verification of past child welfare involvement from the Department of Opportunities and Social Development's Disclosure Program to ensure eligibility for the PCTWP. Extenuating circumstances or documentation from other organizations will be considered.

Disclosure Program:

[Verification request - online form](#)
disclosureprogram@novascotia.ca
1-833-424-2755 (toll-free)

Step 2: Complete this PCTWP application in full.

Step 3: Send verification letter and PCTWP application to PCTWP@msvu.ca or by mail:

Mount Saint Vincent University
ATTN: PCTWP
EMF 108
166 Bedford Highway
Halifax, NS
B3M 2J6

Applications must be received by **August 1, 2026** to be guaranteed review. Late submissions may be considered if any spots remain.

SECTION 1: ELIGIBILITY CRITERIA

Please check all that apply:

Have lived in care for a minimum of one year (consecutive or accumulated) in the Nova Scotia child welfare system – including Mi'kmaw Family and Children's Services of Nova Scotia and 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](#).

Have obtained an offer of admission from MSVU. Preference is given to applicants entering or working towards completing their first certificate, diploma or degree program. 2+2 transfer students from NSCC are considered to be working towards their first program.

Will meet with the PCTWP Coordinator to explore other sources of funding and orientation to MSVU.

Not currently in receipt of (or eligible to receive) the Nova Scotia Department of Opportunities and Social Development's Educational Bursary Program for Children in Care or the [Post Care and Custody Agreement](#).

If you do not meet one or more of the criteria outlined above, you may provide an explanation in the Extenuating Circumstances section of this application.

SECTION 2: PERSONAL INFORMATION

Name (first and last): _____

MSVU Student ID Number: _____

MSVU Email: _____

Alternate Email: _____

Phone Number: _____

Mailing address: _____

SECTION 3: EDUCATIONAL HISTORY

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



| Name of Institution | Program | Years Attended | Did you complete or graduate? |
|---------------------|---------|----------------|-------------------------------|
| | | | |
| | | | |
| | | | |

SECTION 4: MSVU PROGRAM INFORMATION

Program you have received an offer of admission from MSVU: _____

Start Date (month & year): _____

Part-time

Full-time

SECTION 5: STATEMENT OF EDUCATIONAL GOALS

Please provide details of your educational goals. Provide us with an overview of why you chose your program/field of study, your career aspirations and 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 6: FINANCIAL INFORMATION

Do you have any other forms of sponsorship?

Scholarship: _____

Bursary: _____

Band Sponsorship

Military funding

Student loan/grant

Other: _____

Please 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.

SECTION 7: EXTENUATING CIRCUMSTANCES

If you do not meet one or more of the criteria outlined on Page 1 of this application, provide us with comments supporting why MSVU should consider you for the PCTWP. If necessary, attach additional information on a separate sheet of paper.

SECTION 8: DECLARATION

I understand that my signature below means:

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

The PCTWP Committee 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 enrolment.

The PCTWP Coordinator may securely store all application materials for up to ten (10) years. If I decline or am not awarded a tuition waiver, I may request that this same application be reconsidered at another year by contacting PCTWP@msvu.ca without needing to reapply.

Authority to collect: The information included in this form and authorized herein is collected for the purpose of determining eligibility for a benefit under MSVU PCTWP. Any questions about the collection, use or disclosure of this information should be directed to the PCTWP Coordinator at 902 457 6567 or PCTWP@msvu.ca.

By checking here: _____ and typing my full name below, I am electronically signing my application.

Name: _____ Date: _____

OR

Signature: _____