

CPA Insurance Plans West: Family Support Bursary



CHARTERED PROFESSIONAL ACCOUNTANTS
OF MANITOBA FOUNDATION INC.

Deadline for Submissions: November 14, 2025 or March 6, 2026

Description

The **Family Support Bursary**, generously supported by CPA Insurance Plans West, provides financial assistance to eligible candidates to help ease the burden of balancing education, work, and caregiving responsibilities. This support is intended to reduce financial barriers that may hinder academic progress and may be applied toward a range of eligible expenses including—but not limited to—student dues, transcript assessments, tutoring, travel costs, child care, and other related supports that make managing both family and professional studies more manageable.

Criteria

Applicants must demonstrate financial need and meet the following criteria by the application deadline:

- Be a registered CPA PEP candidate in good standing with the CPA Western School of Business;
- Reside in Manitoba;
- Show satisfactory performance in prerequisite studies and a commitment to achieving the CPA designation; and
- Preference will be given to candidates with families or are the primary caregiver for at least one dependent (child, spouse, parent, or other).

Application deadline is November 14, 2025 or March 6, 2026.

Confidentiality

All application information is kept confidential and reviewed solely by the CPA Manitoba Foundation staff. Personal details are redacted to ensure full anonymity and social insurance numbers are securely used solely for government-required documentation.

1. Personal Details:

Last Name: _____ First/Given Name(s): _____

Name Commonly Used: _____

Mailing Address: _____

Phone: _____ Personal Email: _____

Social Insurance Number (SIN): _____

Employer Name: _____

Business Address: _____

Position/Title: _____

Business Phone: _____ Business Email: _____

2. **Marital Status:** Married Common-law Single Separated

Do you have dependants? Yes No If "Yes", how many? _____ Age(s)? _____

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Please use the text box below to describe how you support your dependent family members while pursuing your CPA designation, including any challenges or obstacles you may face in balancing these responsibilities.

3. Academic:

- University degree(s) held? _____
 - Name(s) of University _____
 - What date did you first enroll in CPA PEP? _____
 - When do you expect to write the CFE (Month & Year)? _____
-

4. Residence:

- Sole Rental Occupant
- Shared Rental Accommodation
- With Parents/Family/Friends
- Own Residence:
 - If residence owned, date purchased? _____
 - Amount outstanding? _____
- Other (specify) _____

5. Transportation:

- Current means of transportation?
- Own Vehicle
 - Bus
 - None
 - Other (specify) _____

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	Monthly Amount	Annual Amount
6. Resources:		
Net salary after taxes (Attach copy of T4 slips.):	_____	_____
Travel allowance:	_____	_____
Interest dividends and other investment income (attach copies of T3, T4A and T5 slips.):	_____	_____
Canada Child Benefit:	_____	_____
Awards/bursaries received:	_____	_____
Employer financial support of tuition fees/dues:	_____	_____
Other income or resources of any kind	_____	_____
Savings:	_____	_____
Subtotal:	_____	_____
Spouse's or cohabiting partner's income or resources available:	_____	_____
Total Resources Available:	_____	_____
7. Expenses:		
Tuition for courses, examinations and dues	_____	_____
Residence:		
Rent	_____	_____
Utilities	_____	_____
Mortgage payments (principal, interest, taxes)	_____	_____
Other (specify) _____	_____	_____
Transportation:		
Principal and interest payments on owned or leased vehicles	_____	_____
Local transportation cost	_____	_____
Vehicle registration, insurance and fuel	_____	_____
Medical/dental expenses:	_____	_____
Clothing:	_____	_____
Food (ie. groceries, restaurants, etc.):	_____	_____
Childcare:	_____	_____
Debt payments (other than mortgage and car):	_____	_____
Entertainment:	_____	_____
Insurance:	_____	_____
Other (specify): _____	_____	_____
Total Expenses:	_____	_____
Excess of Expenses (7.) over Resources (6.):	_____	_____

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8. Check List:

Before submitting your application to foundation@cpamb.ca:

- Verify that you have completed all sections of the application.
- Attach a copy of your most recent T4 (or 3 most recent pay stubs) and any other relevant slips (ie. T3, T4A, T5).
- Attach a most recent copy/screenshot of your CPA Western School of Business (CPA WSB) transcript or course history with grades.

9. Data Collection:

Please consider completing this section to help the Foundation better understand applicant diversity and ensure program accessibility and equity. This information is used solely for statistical purposes to improve outreach and it **does not impact eligibility or evaluation**. Data remains confidential.

1. Do you identify as a member of a visible minority? “Members of visible minorities” are defined as persons, other than Indigenous people, who are either non-Caucasian in race or non-white in colour or both.

- Yes No Prefer not to answer

2. Do you identify as an Indigenous person (i.e., First Nations, Inuit, Métis)?

- Yes No Prefer not to answer

3. Are you a person living with a disability? An “invisible disability” is used to describe a disability not perceived by others (i.e., chronic illnesses and conditions, cognitive and/or learning disabilities, mental health-related disabilities, etc.).

- I have a visible disability I have an invisible disability
 I have both a visible and invisible disability I do not have a disability
 Prefer not to answer

4. Which of the following best describes your gender identity? A “cisgender” describes a person’s gender identity that is consistent with that person’s sex assigned at birth.

- Cisgender man Cisgender woman
 Non-binary Two Spirited
 Gender Fluid Other: _____
 Prefer not to answer

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10. Your Story:

Your story can help the Foundation make a greater impact for future CPAs. Consider sharing how the CPA Manitoba Foundation has supported your journey toward the CPA designation to inspire additional funding and help more aspiring CPAs achieve their goals. **Responses will not affect eligibility or evaluation of your application.**

Select one of the following options:

- I agree to have the Foundation contact me for a conversation about my story and CPA journey.
- I do not wish to be contacted.

Date: _____ Signature: _____