



**Student Information**

Social Insurance Number				Student number (if known)				Institution			
Last name				First name				E-mail address			
Address (number and street) of where you wish your correspondence to be directed								Apartment number			
City, town, or post office				Province or State				Postal or zip code			
								Area code and telephone number (      )			

**Type of Disability:**     Deaf, Deafened, or Hard of Hearing     Visually Impaired or Blind     Learning Disability  
(Check any that apply)     Physical Disability     Other (e.g., head injury, mental illness) Specify: \_\_\_\_\_

**Room and Board or Living Costs**

Indicate whether you are living off-campus or in residence. Also indicate the cost of room and board (in US funds) if you are living in residence or your living costs (in US funds) if you are living off campus that you expect to incur during your study period. Please provide the estimate in US funds. Enter the amount in dollars only, do not indicate cents. You must provide supporting documentation from your postsecondary institution or your landlord (e.g., tenancy agreement) that shows these costs.

<input type="checkbox"/> Living off-campus	(Indicate only one)	Room and board or living costs	\$	_____			
<input type="checkbox"/> Living in residence		for your entire study period		US funds			

**Health Insurance Costs and Return Trips Home**

Enter the cost of health insurance you expect to incur during your study period. You must provide supporting documentation indicating the costs (e.g., estimate from an insurance company or your postsecondary institution's health plan).

\$	_____			
	Canadian funds			

Enter the cost of one return trip, by the most economical means available, from your postsecondary institution to your permanent Ontario residence.

\$	_____			
	Canadian funds			

**Education - Related Accommodations Required Due to a Permanent Disability**

Indicate the type of accommodation(s) that you require for your educational studies because of a permanent disability. Please describe the reason why you require the item(s) or service(s) in the space provided below each type of accommodation. Indicate the cost of each accommodation in Canadian funds. Enter amounts in dollars only, do not indicate cents. Attach a separate sheet if you need more room. You must provide supporting documentation (e.g., estimate from a retailer, letter from the organization providing the service, etc.) indicating the cost of each item and/or service.

<input type="checkbox"/> <b>Technical aids and equipment</b> (e.g., TDD/TTY, reading material, calculator, hearing, vision or learning aids, braille, computer. Three quotes are required for computer, computer accessories, or braille).	\$	_____			
		Canadian funds			

<input type="checkbox"/> <b>Specialized transportation to and from postsecondary institution.</b>	\$	_____			
		Canadian funds			

<input type="checkbox"/> <b>Notetakers, readers, and tutors.</b>	\$	_____			
		Canadian funds			

<input type="checkbox"/> <b>Other</b> (e.g., counselling, therapy, learning disability assessment, specialized chairs and splints)	\$	_____			
		Canadian funds			

**Student's Declaration**

I require this assistance to cover my room and board or living costs, return trips home, health insurance costs and the cost of the educational accommodations and/or services related to my disability(ies) as noted above. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason or if my study period and/or my course load changes. I will not receive financial assistance from any other source to cover these costs. I consent to the use of any information previously collected to administer Ontario Student Assistance Program (OSAP) for the administration of the Bursary for Students with Disabilities Attending Out-of-Country Postsecondary Institutions. I also agree that such use is consistent with the purpose for which the information was originally collected.

Student's signature	_____	Date	_____
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The personal information provided in connection with this application, including your Social Insurance Number, is necessary for the proper administration of the Ontario Student Assistance Program (OSAP). This information is being collected and will be used by the ministry to administer and enforce OSAP, including: determining eligibility; verifying the application, any loans approved, grants, bursaries, or scholarships issued, and loans forgiven; maintaining and auditing your file; collecting loans, overpayments, and repayments; and auditing the administration of OSAP by or on behalf of your educational institution and the National Student Loans Service Centre. The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01; the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; the Canada Student Financial Assistance Regulations, SOR 95-329, as amended; and the Budget Implementation Act, 1998, S.C. 1998, c. 21, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.