Ontario
Ministry of Training, Colleges and Universities

Application for **Bursary for Students with Disabilities** and **Canada Study Grant for Students with Permanent Disabilities**

Canada

Student Information

Social Insurance Number

Student number (if known)

Institution attending

Have you applied for OSAP or OSBP assistance for your current study period?
☐ Yes   ☐ No

First name

Last name

Address (number and street)

Apartment number

City, town, or post office

Province

Postal code

Area code and telephone number
(   )

Office for Students with Disabilities Approval

Status of Disability: 1 ☐ Permanent   2 ☐ Temporary

Type of Disability: 1 ☐ Deaf or Hard of Hearing   2 ☐ Visually Impaired or Blind   3 ☐ Physical Disability   4 ☐ Learning Disability

5 ☐ Other (e.g., head injury, mental illness). Please specify: _____

Education-Related Costs to be Covered (a description of services must be provided):

1 ☐ Tutors/Readers/Note takers (specify:) _____ $ _____

2 ☐ Specialized transportation to and from postsecondary institution (specify:) _____ $ _____

3 ☐ Technical aids/Equipment (e.g., hearing, vision, learning, and/or physical aids) (specify:) _____ $ _____

4 ☐ Computers/Hardware/Software/Specialized Needs accessories (e.g., scanners) (specify:) _____ $ _____

5 ☐ Interpreters (oral and sign) (specify:) _____ $ _____

6 ☐ Attendant care for studies (specify:) _____ $ _____

7 ☐ Learning disability assessments (specify:) _____ $ _____

8 ☐ Provincially-funded only: counselling, therapy, life-line services for students living in residence, specialized chairs, splints, orthopaedic shoes (specify:) _____ $ _____

I have verified the student's disability and the education-related costs to be covered. I hereby confirm the student's need for the education-related accommodations and services at the costs indicated above. Cost estimate(s) have been provided.

....
Signature of Office for Students with Disabilities Coordinator/Counsellor

....
Date

Financial Aid Office Approval

This student has applied for OSAP or OSBP assistance, and has had his or her education-related costs reviewed and approved by the Office for Students with Disabilities. I also confirm that the above-named student is enrolled and registered at this institution for the current study period.

....
Signature of Financial Aid Administrator

....
Date

Student's Declaration

I require this assistance to cover 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 hereby agree to provide receipts, within 30 days of receiving my cheque, which will show that the Bursary for Students with Disabilities and/or Canada Study Grant for Students with Permanent Disabilities funds were spent for their intended purposes. 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 my Ontario Student Assistance Program (OSAP) or Ontario Special Bursary Plan (OSBP) application for the administration of the Bursary for Students with Disabilities (BSWD) and/or the Canada Study Grant for Students with Permanent Disabilities. I also agree that such use is consistent with the purpose for which the information was originally collected.

....
Signature of Student

....
Date

The Minister of Training, Colleges and Universities uses relevant personal and tax information, including your Social Insurance Number, to administer the Ontario Student Assistance Program (OSAP). This includes determining eligibility; verifying the application, any loans approved, grants, bursaries or scholarships issued and loans forgiven; maintaining and auditing your OSAP file; and collecting loans, overpayments, and repayments. The Minister of Training, Colleges and Universities collects and uses this information under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, and 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; and, the Canada Student Financial Assistance Regulations, SOR 95-329, 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, Thunder Bay ON P7B 6G9. As part of the application process, the ministry may be required to disclose certain information relating to your application to the Office for Students with Disabilities of certain educational institutions for the purpose of verifying the application and to administer the BSWD and/or the Canada Study Grant for Students with Permanent Disabilities. Such disclosure is consistent with the purpose for which the information is collected.

Institution Use Only:

Institution Code

Academic Year

Course Load %

OSAP = 1
OSBP = 2

Total Cheque Amount

Cheque Date *
Day   Month   Year

* use date of final cheque if more than 1 cheque issued to student

Cheque #1 date
Day   Month   Year

Cheque #1 Amount

Cheque #2 date
Day   Month   Year

Cheque #2 Amount

Cheque #3 date
Day   Month   Year

Cheque #3 Amount

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