

## **SCHEDULE A**

Student Financial Assistance Advanced Education Branch Government of Yukon Box 2703

Whitehorse, Yukon Y1A 2C6 Telephone: 867-667-5929 Fax: 867-667-8555

## CANADA STUDY GRANT APPLICATION FOR STUDENTS WITH DISABILITIES

(Formulaire disponible également en français)

- Applications must be filled out in ink.
- Applications once completed should be returned to the above address.
- Please refer to our "Student Financial Assistance" or "Canada Student Loan Full-time and Part-time Students Information Guide" brochure or call our office for clarification on any of the Canada Student Loan programs.
- PLEASE PRI NT

SECTION 1 - PERSONAL INFORMATION		
Last Name:	Given Name:	
Middle I nitial:	Social Insurance Number:	
SECTION 2 - EXCEPTIONAL EDUCATION-RELATED COSTS		
NOTE: Support is limited to the services and equipment noted below and is dependent on the nature of the disability(ies). Check the appropriate boxes:		
NATURE OF DISABILITY		
☐ Deaf ☐ Hard of Hearing ☐ Blind ☐ Visually Impaired ☐ Physical Disability ☐ Learning Disability		
Other (e.g. head injury, mental illness) specify:		
SERVICES REQUIRED		
☐ Note Taker ☐ Tutor ☐ Read	der Interpreter	
Attendant for studies Specialized Transportation (to	/from institution only)	
EQUIPMENT REQUIRED		
Technical Aids (eg. Computer, brailler) or alternate Formats (eg. Large or braille print), please specify:		
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## SECTION 3 - IMPORTANT INFORMATION

Apply early – Canada Study Grant applications are processed on a first-come first-served basis. Funding is limited and although every effort will be made to assist as many students as possible, not all applicants may receive funding. Therefore to ensure priority status it is imperative that you re-apply early each year. You must successfully complete at least 40% of your courses for which you receive a Canada Study Grant, to be eligible for another grant.

To qualify for a Canada Study Grant, you must complete a full-time or part-time loan application to establish need. If you have not already done so for this academic year, you may obtain an application from your territorial government student aid office. A new Canada Study Grant application must be completed for each confirmed year. You will be notified in writing whether a Canada Study Grant will be awarded.

SECTIO	N 4 - PI	REVIOUS CANADA STUDY GRANT FOR STUDENTS WITH DISABILITIES
Have you r	eceived a	Canada Study Grant for Students with Disabilities this loan year (August - July)?
If yes, wha	nt is the to	otal amount you received? \$
SECTIO	N 5 - S	UMMARY OF DOCUMENTATION THAT MUST BE SUBMITTED
THIS APP WITH TH		N WILL NOT BE ASSESSED UNLESS $\underline{ALL}$ OF THE FOLLOWING DOCUMENTATION IS SUBMITTED .
On its way	Attached	
		<ul> <li>PROOF OF ENROLLMENT</li> <li>A copy of the Canada Student Loans Program Schedule 1, Certificate of Eligibility (issued for the current academic year), signed by the designated education institution at which you are enrolled: or,</li> <li>A copy of the Canada Student Loans Program Schedule 2, Confirmation of Enrolment Form, signed by the designated educational institution at which you are enrolled.</li> </ul>
		STATEMENT OF DISABILITY  Describing the type of disability and whether it is expected to be permanent.  - A medical certificate, OR  - A learning disability assessment, OR  - A document proving that you receive federal and/or provincial disability assistance.
		CONFIRMATION OF NEED  For disability-related services or equipment. To be completed by on the following:  - A Vocational Rehabilitation Services (VRS) case worker, OR  - An official at a centre for students with disabilities, OR  - A guidance counsellor or financial aid administrator at the post-secondary institution you are attending.
		<b>DETAILED COST ESTIMATES</b> For the exceptional education-related costs identified above (usually 2 separate sources)
SECTIO	N 6 - S	TUDENT DECLARATION AND CONSENT
Signing this application for the Canada Study Grant for student with disabilities I agree and understand that this schedule is part of the Canada Student Loan application.		
		for my exceptional education-related costs, I hereby agree to provide, by the end of my study period, t funds were spent for their intended purposes.
<i>Canada Stu</i> including d further inf	<i>ident Loar</i> etermining formation	this schedule is being collected under the authority of the <i>Yukon Students Financial Assistance Act</i> and as <i>Act</i> and respective regulations for the purpose of administering federal student loan and grant programs, geligibility, sharing information with other agencies as required and establishing related databases. For please contact or direct inquiries to the Student Financial Services Officer at (867)667-5929 or visit our ion Building, 1000 Lewes Blvd., Whitehorse, Yukon.
Do you con:	sider your	rself to be permanently disabled?
Date		

Rev: 2000.05.09

Print Name: