



BC Learning Disability Assessment Bursary Application

(For BC Public Post-Secondary Schools only)

SECTION 1 - Personal Information

01 Last Name

02 First Name & Initial(s)

03 Mailing Address

04 City/Town

05 Province

06 Postal Code

07 Area Code

Telephone Number

8 Name of Post-Secondary Institution

9 Social Insurance Number

10 Date of Birth

11 Sex Male Female

12 E-mail Address

Campus (if Applicable)

SECTION 2 – Declaration

I. I understand that:

- 1) It is against the law to make false or misleading statements on this application and any of the documents forming part of it;
- 2) It is my responsibility to make sure that the information on this application and all the documents related to it is accurate;
- 3) All information is subject to audit and verification;
- 4) If I do not provide complete, accurate information, or if I obtain or attempt to access financial assistance by fraudulent means, I may not receive assistance under the Learning Disability Assessment Bursary Program now or in the future;
- 5) If I receive funding and it is then discovered that my application or documents forming part of it are not accurate, I may be required to immediately repay all or part of the funds I receive (plus interest). I may be required to do this if the mistake was made by me, my school, StudentAid BC, or the federal government. I may also be required to repay any overpayment with interest due to a change in my academic status (e.g. course load, study period) or financial status (part-time earnings, cash gifts, etc.); and
- 6) If I receive funding under the program, the funding received may be taxable income.

II. I understand that by signing below it means:

- 1) I certify that all the information is complete and accurate;
- 2) I am a registered student at a designated public post-secondary school (my school) within the province of British Columbia;
- 3) I need financial assistance to access education;
- 4) I am in good standing regarding any previous and/or current federal or provincial StudentAid BC loans;
- 5) I will immediately notify my school, in writing, of any changes in my address, academic status (e.g. course load, study period) or financial status (part-time earnings, cash gifts, etc.);
- 6) I give my school permission to disclose personal information (as appropriate) with StudentAid BC regarding my disability, access requirements, academic standing, awards, living arrangements, and financial status;
- 7) I give permission to my physician or psychologist to disclose information (as appropriate) directly related to my disability to StudentAid BC or my school staff for the purposes of program adjudication.
- 8) I consent to the Ministry of Post-Secondary Education and Future Skills (or a person delegated by the Ministry) to do the following as it pertains to my disability and the bursary I am requesting:
- 9) Disclose and collect information (as appropriate) about me with my school, the Employment Program for Persons with Disabilities, The Ministry of Health and Human Resources and Skills Development Canada.

Signature of Student

Print Name

Date Signed

SECTION 3 – Undertaking and Assignment **Important – Read, Sign and Date**

I undertake that I will also apply for a Reimbursement of a Learning Disability Assessment through the Canada Student Grant for Services and Equipment - Students with Disabilities, and return any reimbursement amount (up to \$3,500) back to the institution. If I am awarded a Reimbursement of a Learning Disability Assessment, I assign my right to up to \$3,500 of the Reimbursement amount to _____ (institution name) to deposit to its Learning Disability Assessment Bursary fund [or account].

Signature of Student	Print Name	Date Signed

SECTION 4 – Accessibility or Financial Aid Office Use Only **Award Assessment**

15 Student has an outdated learning disability assessment (over 5 years old)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16 Applicant has completed the “Learning Disability Screen” assessment tool?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17 Applicant has provided evidence of financial need through a full-time StudentAid BC loan application or a Part-time Studies Program application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18 Applicant is enrolled in a post-secondary level program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19 Recommended for the Learning Disability Assessment Bursary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22 Actual cost of the Learning Disability Assessment (attach receipt/invoice).	\$ _____
23 Amount of Learning Disability Assessment Bursary issued (maximum \$3,500).	\$ _____

Accessibility services staff/signing authority:
 I certify the above named student is registered in post-secondary studies and, based on the information provided by the student, the information provided is correct.

Signature of School Official	Print Name	Date Signed

COLLECTION AND USE OF INFORMATION.

The information included in this form and authorized above is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, section 26(c). The information provided will be used to determine eligibility for the Learning Disability Assessment Bursary. If you have any questions about the collection and use of this information, contact the Administrator, Special Programs Unit, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria BC V8W 9H7, telephone: +1-778-309-4621 (from outside North America) or toll-free in Canada / U.S.: 1-800-561-1818.

