



CANADA STUDENT LOANS PROGRAM

PROGRAMME CANADIEN DE PRÊTS AUX ÉTUDIANTS

APPLICATION FOR THE GRANT FOR SERVICES AND EQUIPMENT FOR STUDENTS WITH PERMANENT DISABILITIES

DEMANDE DE BOURSE SERVANT À L'ACHAT D'ÉQUIPEMENT ET DE SERVICES POUR ÉTUDIANTS AYANT UNE INCAPACITÉ PERMANENTE

PERSONAL INFORMATION - RENSEIGNEMENTS PERSONNELS

		SIN - N.A.S. 
Surname - Nom de famille	Given Name(s) - Prénom(s)	Date of Birth - Date de naissance Y - A                      M                      D - J
Address - Adresse		City - Ville
Province	Postal Code - Code postal	Area code & Telephone No. - Indicatif régional et N° de téléphone
Name of Educational Institution - Nom de l'établissement d'enseignement		Student Number - Matricule de l'étudiant
Course Load (no less than 40 % if full-time; no less than 20 % if part-time) Pourcentage de cours suivis (pas moins de 40 % pour un programme à temps plein et de 20 % pour un programme à temps partiel)		

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 below:

DÉPENSES EXCEPTIONNELLES LIÉES AUX ÉTUDES

REMARQUE : L'aide est limitée aux services et à l'équipement énumérés ci-dessous et dépend de la nature de l'incapacité/des incapacités. Cocher les cases appropriées :

NATURE OF DISABILITY - NATURE DE LA DÉFICIENCE

Deaf, Hard of Hearing  
Surdité, déficience auditive

Physical Disability  
Déficience physique

ADD/ADHD  
TDA/TDAH

Blind, Visually Impaired  
Cécité, déficience visuelle

Learning Disability  
Troubles d'apprentissage

Other (eg. head injury, mental illness). Specify:  
Autre (p. ex. : traumatisme crânien, maladie mentale). Préciser : \_\_\_\_\_

SERVICES

Note Taker  
Preneur de notes

Interpreter (oral, sign)  
Interprète (oral, gestuel)

Tutor  
Tuteur

Attendant for studies  
Services d'auxiliaire pour les études

Reader  
Lecteur

Specialized Transportation (to/from Institution only)  
Transport adapté  
(entre l'établissement et le domicile seulement)

EQUIPMENT - ÉQUIPEMENT

Technical Aids (eg. computer, braille). Specify:  
Aides techniques (p. ex.: ordinateur, appareil de transcription en braille). Préciser :

Alternate Formats (eg. large or braille print)  
Supports de substitution (p. ex. : gros caractères ou braille)

Computer/System Software/Accessories  
Ordinateur/Logiciel/Accessoires

Learning Disability Assessment  
Certificat attestant un trouble d'apprentissage

Other  
Autre

**THIS APPLICATION WILL NOT BE ASSESSED UNLESS ALL OF THE FOLLOWING DOCUMENTATION IS SUBMITTED WITH THIS FORM.**

**CETTE DEMANDE NE SERA PAS ÉVALUÉE SI LE FORMULAIRE N'EST PAS ACCOMPAGNÉ DE TOUTE LA DOCUMENTATION SUIVANTE.**

**A - PROOF OF ENROLLMENT**

- A Canada Student Loans Program Certificate of Eligibility and Canada Student Loan Agreement (issued for the current academic year), signed by the designated educational institution at which you are enrolled; or,
- A Canada Student Loans Program Schedule 2, Confirmation of Enrolment Form, signed by the designated educational institution at which you are enrolled.

**A - PREUVE D'INSCRIPTION**

- un Certificat d'admissibilité et contrat de prêt d'études canadien du Programme canadien de prêt aux étudiants (c'est-à-dire un Certificat d'admissibilité délivré pour l'année scolaire en cours) signée par le responsable de l'établissement d'enseignement où vous êtes inscrit; ou
- une annexe 2 du Programme canadien de prêt aux étudiants (c'est-à-dire une Confirmation d'inscription) signée par le responsable de l'établissement d'enseignement où vous êtes inscrit.

**B - 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.

**B - PREUVE D'INCAPACITÉ**

décrivant la nature et le caractère permanent de l'incapacité.

- Certificat médical; OU
- Certificat attestant un trouble d'apprentissage; OU
- Document prouvant que vous recevez des prestations d'invalidité fédérales et/ou provinciales.

**C - CONFIRMATION OF NEED**

for disability-related services or equipment. To be completed by one of the following:

- A Vocational Rehabilitation Services (VRS) case worker;
- An official at a centre for students with disabilities;
- A guidance counsellor or financial aid administrator at the post-secondary institution you are attending.

**C - CONFIRMATION DU BESOIN**

de services ou d'équipement en raison de votre incapacité. À remplir par l'une des personnes suivantes :

- un agent de traitement des cas des Services de réadaptation professionnelle (SRP);
- un responsable d'un centre pour étudiants handicapés;
- un conseiller d'orientation ou un administrateur de l'aide financière de l'établissement d'enseignement postsecondaire que vous fréquentez.

**D - DETAILED COST ESTIMATES**

(usually 2 separate sources) for the exceptional education-related costs identified above.

**D - ESTIMATION DÉTAILLÉE DES DÉPENSES EXCEPTIONNELLES LIÉES AUX ÉTUDES**

indiquées plus haut (faite habituellement par deux sources différentes).

**FOR PROVINCIAL USE ONLY - RÉSERVÉ AUX AUTORITÉS PROVINCIALES**

Assessed and qualifies for CSL/provincial assistance  
A été évalué et jugé admissible à un prêt d'études du PCPÉ/à une aide provinciale

Institution Code  
Code de l'établissement

FOS Domaine d'études	No. of Wks of Study Nbre de semaines d'études	Period of Studies Période d'études	Period of Studies End Date Date d'expiration de la période d'études	Y - A M D - J		
Provincial Student Loan Approved Prêt d'études provincial approuvé	\$		Provincial Grant Approved Subvention provinciale approuvée	\$		
CSL Approved Prêt d'études du PCPÉ approuvé	\$		Federal Grant Approved Subvention fédérale approuvée	\$		

Signature of Financial Aid Administrator  
Signature du responsable de l'aide financière aux étudiants

Date (Y-M-D / A-M-J)

If I receive a grant for my exceptional education-related costs, I hereby agree to provide, by the end of my study period, receipts showing that funds were spent for their intended purposes.

Si je bénéficie d'une subvention au titre des dépenses exceptionnelles liées aux études, je consens, par la présente, à fournir à la fin de ma période d'études, des reçus prouvant que la somme a été dépensée aux fins auxquelles elle était destinée.

Student's Signature - Signature de l'étudiant

Date (Y-M-D / A-M-J)

**APPLICATION for Canada Student Grant for Services & Equipment  
for Students with Permanent Disabilities**

This form must be completed by your Educational Institution

**Student Information**

Social Insurance Number ____ - ____ - ____	Name of Institution	Name of Program	Course Load ____ % <small>100 % = 5 credits or a full program</small>
First Name	Last Name	Date of Birth	
Address (number and street)			Apartment Number
City, Town, or Post Office	Province	Postal Code	Area code and telephone #

**Nature of Disability**

<input type="checkbox"/> Deaf, Hard of Hearing	<input type="checkbox"/> Blind, Low Vision	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Chronic Illness (MS, Crohn's, Diabetes, Lupus, etc.) Please specify:	
<input type="checkbox"/> Other (Head Injury, Cerebral Palsy, Cognitive, Autism Spectrum, etc.) Please specify:			

**Education-Related Costs to be Covered**

<input type="checkbox"/> Tutors / Readers	<input type="checkbox"/> Note Takers	<input type="checkbox"/> Interpreters	<input type="checkbox"/> Attendant for Studies
<input type="checkbox"/> Specialized Transportation (to/from Institution only)	<input type="checkbox"/> Computer/Assistive software/Assistive accessories (Equipment)		
<input type="checkbox"/> Technical Aids/Equipment (CCTV's, FM's, etc.)	<input type="checkbox"/> Learning Disability Assessments (Services)		
<input type="checkbox"/> Other:(Please specify):			

**Institutional Disability Services Administrator's Approval (DRF, Student Services, Registrar)**

I have verified the student's disability and reviewed the educational-related costs to be covered. I hereby confirm the student's need for the education-related accommodations and services at the costs indicated on the enclosed form. Cost estimates(s) have been provided. I also confirm that the above-named student is enrolled and registered at this institution for the current study period.

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
*Disability Services Administrator*

**Signature:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Disability Services Administrator*

**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 understand that if I fail to provide receipts or return excess funding, that I may be disqualified from future assistance. I hereby agree to provide, by the end of my study period, receipts showing that funds were spent for their intended purposes.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All personal information is collected under the authority of Section 31(c) of the Prince Edward Island Freedom of Information and Protection of Privacy Act RSPEI 1988 Cap.F-15.01, the P.E.I. Student Financial Assistance Act and Regulations, and the Canada Student Financial Assistance Act and Regulations, as it relates directly to and is necessary for the administration of the Canada Student Loans Program and the Prince Edward Island Student Loan Program and will be used for the determination of financial assistance and for the purposes of determining and verifying eligibility, entitlement for, and the general administration and enforcement of the Canada Student Grants. If you have questions regarding the collection of information please contact the Financial Awards Officer with Student Financial Services at PO Box 2000, Atlantic Technology Centre, 90 University Ave Suite 212, Charlottetown, PE C1A 7N8. Telephone: (902) 368-4640, Fax: (902) 368-6144.



## Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities

**This application cannot be assessed unless all of the following documentation has been submitted.**

- Application Form for Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities
- Cost Estimates for Equipment or Services
- Services Request Form (if applicable)
- Medical documentation (if not previously submitted)

Social Insurance Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

### COST ESTIMATE SUMMARY SHEET

Please list requested equipment and services.     - Each service must have one estimate.  
   - Each equipment must have two cost estimates.

Item	Cost	Name of Supplier
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10	\$	
11	\$	
12	\$	

**Mail completed application to:**

Student Financial Services  
Department of Education and Lifelong Learning  
P.O. Box 2000, 176 Great George St.  
Atlantic Technology Centre, Suite 212  
Charlottetown, PE C1A 7N8



# SERVICES REQUEST FORM

***Tutoring, note taking, reader, attendant care, interpreting services, alternate format***

The information on this form will be used for processing your requests for services funding that may be available through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities. Please use a separate form for each type of service request.

The application cannot be processed without the Name of Services Provider completed.

Name of Student: \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Service Request: \_\_\_\_\_

FIRST TERM					SECOND TERM				
Course	Hrs/Week	# Weeks	\$/Hour	Total	Course	Hrs/Week	# Weeks	\$/Hour	Total
<b>First Term Total Costs</b>					<b>Second Term Total Costs</b>				

*I understand that my approved services funding may be issued in installments. The second installment, if required, will only be issued **when it is requested**, and **the request is accompanied with the receipts** showing the first installment usage. Receipts must show dates and hours of usage.*

**Signature** (must be signed in ink) \_\_\_\_\_

**Disability Services Administrator:** \_\_\_\_\_

**Name of Services Provider** \_\_\_\_\_

**Date** \_\_\_\_\_