



Assistance Program for Students with Disabilities Application

Maximum grant per person per program year (April 1 to March 31) is \$10,000 (\$12,000 if for attendant care). *Subject to available funding.*

To be eligible for this program, you must answer YES to ALL of the following questions		Yes <input checked="" type="checkbox"/>
1. Are you a student who has documentation of permanent disability from a medical specialist in a field relevant to your disability? For the purposes of the assistance program for students with disabilities grant, "permanent disability" means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to fully participate in studies at a post-secondary level or the labour force and is expected to remain with the person for the person's expected natural life. (You need this documentation to apply for the APSD grant.)		<input type="checkbox"/>
2. Are you a Canadian citizen, permanent resident (landed immigrant), or a protected person living in Canada as defined in the <i>Immigration and Refugee Protection Act</i> ? If you are a permanent resident (landed immigrant), you must attach a copy of the appropriate legal documentation (IMM1000 or a copy of your permanent resident card). If you are a protected person, you must provide a copy of your protected person status document or a decision letter issued by the Immigration Refugee Board and a social insurance card showing an expiry date after your study end date.		<input type="checkbox"/>
3. Have you been a resident of British Columbia for at least the past 12 consecutive months?		<input type="checkbox"/>
4. Have you enrolled in an upgrading or post-secondary level course at a designated B.C. public or private post-secondary institution within B.C.? Attach a copy of your current course registration to this application. <i>Designated schools are those that have been approved for Canada student loans by a province or territory.</i> See website: http://www.studentaidbc.ca		<input type="checkbox"/>
5. Are you enrolled in a course of at least 6 weeks in length?		<input type="checkbox"/>
6. Do you have an income that falls below those shown in the income tables on Page 4?		<input type="checkbox"/>
7. Have you been cleared of any earlier defaults on StudentAid BC loans?		<input type="checkbox"/>
8. If you have received funding from this program in the past, have you submitted all receipts or unused funds?		<input type="checkbox"/>

Student: Complete Sections 1, 2, 3, 4, & 5 and submit this application to the disability resource office (for public institutions) or the registration office (for private institutions) at least 8 weeks before your study period end date. You are not eligible for funding until your first day of classes.

ALL INFORMATION SUBJECT TO VERIFICATION AND AUDIT

SECTION 1 - Personal Information

01 Last Name	02 First Name & Initial(s)	10 Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
03 Mailing Address		11 Student Number
<input type="text"/>		<input type="text"/>
04 City/Town	05 Province	12 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	
06 Postal Code	07 Area Code	13 Status: (Mark one box only)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Single Parent
	Telephone Number	<input type="checkbox"/> Married <input type="checkbox"/> Common Law
08 Date of Birth	Year	<input type="checkbox"/> Separated/Widowed/Divorced
Month	Day	
09 E-mail Address		
<input type="text"/>		
14 Name of Post-Secondary Institution	Campus (if Applicable)	
<input type="text"/>	<input type="text"/>	
15 How many dependants are living with you during the study period and have been claimed on your last year's income tax return?	<input type="checkbox"/> 0 (NO DEPENDANTS) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
16 Are you in default of a previous StudentAid BC loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
This information will be verified. If you are in default, you are not eligible for this program.....		
17 How much in assistance program for students with disabilities grants do you owe in receipts or unused funds from previous applications?	\$ <input type="text"/> .00	
(enter '0' if none)		

SECTION 2 - Disability and Accommodation Information

18 Indicate the nature of your permanent disability:

You must attach medical documentation to this application describing your permanent disability and showing what your educational barriers are. Acceptable documents are:

- A medical report from a licensed medical practitioner in the field relevant to your disability; or
- Verification of permanent disability (VOPD) form (print it from our website <http://www.aved.gov.bc.ca/studentservices/forms/print.htm#student>); or
- A current psycho-educational/learning disability assessment verification with a completed verification of permanent disability (see page 3 of VOPD assessment guidelines) and guidelines for assessor.

Only students with permanent disabilities that create barriers to post-secondary education are eligible for funding

<input type="checkbox"/> Deaf	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Psychiatric Disability (e.g. Schizophrenia)
<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Neurological Disability
<input type="checkbox"/> Blind	<input type="checkbox"/> Developmental Disability	(e.g. Epilepsy, Brain Injury)
<input type="checkbox"/> Visually Impaired	(e.g. Intellectual Disability)	
<input type="checkbox"/> Other – SPECIFY:		

19 List the **educational barriers** you have that are **disability related** and how the service and/or equipment you are applying for would help you **If you are applying for services, attach two separate cost estimates from different sources.**

SECTION 3 - Income and Assets

List **all** income for the 12 month period ending with your last month of study:

For example: If classes end April 2009, indicate income for the period of May 1, 2008, through April 30, 2009.

- Include income from employment, self-employment, investments, EI, income assistance, child support, alimony, gifts from family/friends, etc. (Do **NOT** include StudentAid BC, child tax credit and GST.)
- For the months not yet worked, please estimate income from all sources.

20 APPLICANT- Income

Sources of all income. Name employer, type of federal or provincial government funding, indicate self-employed, etc.	FROM		TO		Total Gross Income for 12 month Period
	Year	Mth	Year	Mth	
	□□□□	□□	□□□□	□□	\$.00
	□□□□	□□	□□□□	□□	\$.00
TOTAL GROSS INCOME for 12 months:					\$.00

21 APPLICANT- Assets (enter "0" if no value)

A. How much money do you have in your savings account?	\$ □□□□ .00
B. What is the total value of your RRSPs?	\$ □□□□ .00
C. What is the total value of your term deposits, GICs, stocks, bonds, mutual funds, etc.? (Do not include RRSPs.)	\$ □□□□ .00
D. What is the current value of your leased or owned motor vehicles? (Include uninsured vehicles.) (Do not include vehicles that have been adapted for your disability.)	\$ □□□□ .00

22 SPOUSE or COMMON LAW PARTNER- Income

Sources of all income. Name employer, type of federal or provincial government funding, indicate self-employed, etc.	FROM		TO		Total Gross Income for 12 month Period
	Year	Mth	Year	Mth	
	□□□□	□□	□□□□	□□	\$.00
	□□□□	□□	□□□□	□□	\$.00
TOTAL GROSS INCOME for 12 months:					\$.00

23 SPOUSE or COMMON LAW PARTNER- Assets (enter "0" if no value)

A. How much money do you have in your savings account?	\$ □□□□ .00
B. What is the total value of your RRSPs?	\$ □□□□ .00
C. What is the total value of your term deposits, GICs, stocks, bonds, mutual funds, etc.? (Do not include RRSPs.)	\$ □□□□ .00
D. What is the current value of your leased or owned motor vehicles? (Include uninsured vehicles.) ..	\$ □□□□ .00

SECTION 4 – Declaration

I am applying for funding to help access my education under the assistance program for students with disabilities grant.

I. I understand that:

- 1) It is against the law to make false or misleading statements on this application or all documents related to it.
- 2) It is my responsibility to make sure that the information on this application and all the documents related to it, are 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 assistance program for students with disabilities program now or in the future.
- 5) If I receive money and it is then discovered that my application or documents forming a part of it are not accurate, I may be required to immediately repay all or part of the funds I receive. I may be required to do this if the mistake was made by me, my spouse or common law partner, sponsor or the school I am attending. I may also be required to repay any overpayment due to a change in my status.
- 6) If I receive funding under the program, the funding received will be taxable income.
- 7) If I receive money for my exceptional education-related costs, I will provide to the school, by the end of my study period, receipts showing that the funds were spent for their intended purpose and return any unused funds.

II. I understand that by signing below it means:

- 1) I have answered all questions on the application that pertain to me..
- 2) I certify that all the information is complete and accurate.
- 3) I am a registered student and will be attending a designated public or private post-secondary school within the province of British Columbia.
- 4) I require financial assistance for my access to education.
- 5) I will notify the school, in writing, of any changes in my address, academic status (e.g. course load, study period), financial status (part-time earnings, cash gifts, etc.), marital status or in the financial status of my spouse or common law partner.
- 6) I give my school permission to exchange information with StudentAid BC and Assistive Technology British Columbia regarding my disability, access requirements, academic standing, awards, living arrangements and financial status.
- 7) I give permission to the school, StudentAid BC, and Assistive Technology British Columbia to contact my physician, medical professional or psychologist if deemed necessary, in order to obtain information directly related to my disability.
- 8) I am in good standing regarding any previous StudentAid BC loans;
- 9) I consent to the Ministry of Advanced Education and Labour Market Development (or a person delegated by the ministry) to do the following as it pertains to my disability and the equipment and or services I am requesting:
 - Exchange information about me with my school, societies and resource centers for persons with disabilities, the Employment Program for Persons with Disabilities, the Ministry of Health Services, the Ministry of Housing and Social Development, Human Resources and Social Development Canada and Assistive Technology British Columbia.
 - Get information about me from the motor vehicle branch, BC Assessment, ICBC, Corporate Registry, BC Land Title Searches, Citizenship and Immigration Canada, WorkSafe BC, and my school.

Signature of applicant (original and must be signed in ink)	Print name	Date signed Year Month Day [][][][] - [][] - [][]
Photocopied or faxed signatures cannot be accepted.		
Signature of spouse or common law partner (If applicable)	Spouse or common law partner social insurance number [][][] - [][][] - [][][]	Date signed Year Month Day [][][][] - [][] - [][]
Photocopied or faxed signatures cannot be accepted.		

SECTION 5 - Canada Revenue Agency Consent Form


Important document – read, sign and date

For the purpose of verifying the data provided in this application for the assistance program for students with disabilities, I hereby consent to the release, by the Canada Revenue Agency to the Ministry of Advanced Education and Labour Market Development (or a person delegated by the ministry), of taxpayer information from any portion of my previous years income tax returns that pertain to information given by me on this application. The information will be used solely for the purpose of verifying information on this application, general administration and enforcement of the assistance program for students with disabilities.

Signature of applicant (Original and must be signed in ink)	Print name	Date signed Year Month Day [][][][] - [][] - [][]
Photocopied or faxed signatures cannot be accepted.		

COLLECTION AND USE OF INFORMATION. The information included in this form and authorized above is collected under the authority of **StudentAid BC**. The information provided will be used to determine eligibility for the assistance program for students with disabilities grant funding. Only students who can demonstrate financial need may receive funding. The disability services staff, by agreement with the provincial government, uses information on this form to decide if you should receive funding to assist with your exceptional education-related costs. If you have any questions about the collection and use of this information, contact the administrator, special programs, StudentAid BC, Ministry of Advanced Education and Labour Market Development, PO Box 9173, Stn Prov Govt, Victoria BC V8W 9H7, telephone 250 387-6100; in the B.C. lower mainland 604 660-2610; or toll-free in Canada/the U.S. 1-800-561-1818. TTY line for the deaf or hearing impaired 250)952-6832.

SECTION 6 – Waiver (Optional) Important Document – Read, Sign and Date

 Ministry of Advanced Education and Labour Market Development Student Services Branch	If I am awarded a grant under the assistance program for students with disabilities (APSD), I, PRINT YOUR NAME , authorize the province of British Columbia agent, YOUR SCHOOL , to cash the cheque(s) on my behalf. <input type="checkbox"/> I am authorizing the school to hire a service worker (interpreter, tutor, notetaker, etc.) on my behalf.	
Signature of applicant (Original and must be signed in ink)	Print name	Date signed Year Month Day

These Sections are for your school to fill out

Student name

Social insurance number

SECTION 7 - Course Information

Complete this section only if this information is not on the student's current registration documents

Name of Post-Secondary institution Campus (if applicable)

Mailing address City/Town Province Postal code

Course Name	Course Number	Start Date: YY/MM/DD	End Date: YY/MM/DD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8 - Disability and Accommodation Information

List all the services/equipment needed to accommodate the student ***not provided by the school.***

24 **Specialized services/adaptive equipment you are approving:**

Alternate formats (e.g. large or Braille print, talking textbooks)
LIST:

Program funding can be used for:

Notetaker
 Specialized tutor for disability related barriers
 Reader
 Interpreter/Captioning
 Attendant care while at school
 Specialized transportation (e.g. HandiDart) to/from institution; only ministry approved transport

Equipment support (e.g. computer, adaptive software)
LIST:

Does the student have the equipment or software that they are currently requesting? YES NO (If YES include reasoning why the student requires duplicate equipment/software)

Technical support (e.g. training, repair, upgrading)
LIST:

Other LIST:

SECTION 9 - Disability or Registrar Office Use Only

Award Amount

25 Total income & resources \$.00

26 Recommended for assistance? YES NO - state reason(s):

27 FIRST DISBURSEMENT	\$ <input type="text"/> .00	For The Dates: <input type="text"/> to <input type="text"/>
28 SECOND DISBURSEMENT	\$ <input type="text"/> .00	For The Dates: <input type="text"/> to <input type="text"/>
29 THIRD DISBURSEMENT	\$ <input type="text"/> .00	For The Dates: <input type="text"/> to <input type="text"/>
30 TOTAL APSD AMOUNT	\$ <input type="text"/> .00	For the _____ / _____ Program Year

Disability services staff/signing authority:

I certify the above named student is registered in the program indicated and based on the information provided by the student, the requirement stated is correct.

Area Code Telephone Number

Local:

Signature (Original and must be signed in ink) Print name

Date signed Year Month Day

Income Table for Grant Eligibility	Maximum Gross Income	The program grant <i>cannot</i> be used for:
Size of Family		
1 (single student)	\$14,100	<ul style="list-style-type: none"> × Living expenses. × Tuition and books. × Vehicle modifications/purchase, maintenance, repairs or fuel. × Alterations for educational institutions or residences. × Medical treatments, prescriptions or fees × Attendant care for home. × In place of institutional funds, if institutional funds are available.
2 (married with no children or single parent with one child)	\$23,300	
3	\$31,900	
4	\$37,800	
5	\$43,700	
6	\$48,600	
7	\$53,000	
8	\$56,800	
9	\$60,100	
10	\$62,700	