

Application for Bursary for Students with Disabilities and Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities

How to Apply

We recommend that you work with your school's Office for Students with Disabilities in order to complete this application form. If your school does not have an Office for Students with Disabilities, you may contact the Ministry of Training, Colleges and Universities for assistance. Contact information is provided below. For information on eligibility, including a list of eligibility criteria, please visit the OSAP website at <http://osap.gov.on.ca>.

What Documents to Provide

You must include the following documents with your application:

- Proof of your disability (see details below).
- Documentation to support the services and/or assistive devices/equipment you are requesting. The documents may be provided by a physician or other regulated health care professional who is authorized to diagnose your disability.
- Quotes for the cost of the services and/or assistive devices/equipment you are requesting:
 - If you are requesting funding for equipment, such as computers, scanners, software, etc., you must provide quotes from two businesses that sell the type of equipment you are requesting. Quotes for computers must reflect the MINIMUM system requirements necessary to facilitate your disability.
 - If you are requesting funding for services, such as tutors, readers, or note takers, you must provide one quote outlining the hourly cost of the service, the number of hours per week that you require the service and for how many weeks, the number of courses you are taking where these services are required, and the name and contact information for the individual/agency that will provide the service.
- A copy of the receipt verifying payment if you are requesting reimbursement of a learning disability assessment.

Proof of disability

Acceptable documentation includes:

- Medical documentation from a physician or other regulated health care professional who is authorized to diagnose your disability, with the following exceptions:
 - Learning disability assessments must be from a registered psychologist or psychologist's associate.
 - Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD) must be diagnosed by a registered psychologist or psychologist's associate, a neuro-psychologist, or a physician with ADD/ADHD training.
- To be considered eligible for the Canada Student Grant portion of this funding, your medical documentation must include sufficient detail to confirm that you have a permanent disability. Permanent disability is defined as:
 - a functional limitation caused by a physical or mental impairment;
 - a functional limitation that restricts your ability to perform the daily activities necessary to participate in studies at a postsecondary level or the labour force; and
 - a functional limitation that is expected to remain with you for your expected life.

Receipts

You must provide receipts for equipment and/or services purchased as soon as possible after purchase, but no later than 30 days after the end of the study period. If you do not, you are no longer considered eligible for the bursary that was provided to you and you will be required to repay all or part of the bursary issued.

Where to Submit your Application

Ontario public college or university

If you are attending an Ontario public college or university you must submit the completed application form and required documents to the financial aid office at your school.

Private postsecondary school in Ontario or postsecondary school outside of Ontario.

Please note this relates to schools that are approved for purposes of the Ontario Student Assistance Program (OSAP) only. If you are attending an approved Private postsecondary school in Ontario or postsecondary school outside of Ontario you are responsible for submitting the completed application form and required documents to the ministry at:

Student Financial Assistance Branch
Ministry of Training, Colleges and Universities
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, ON P7B 6G9
Telephone: 1-877-OSAP-411 (toll free in North America) or (807) 343-7260 or 1-800-465-3958 (TDD)

Deadline Date to Submit your Application

One-term program (12 to 20 weeks in duration):

The completed application and all required documents must be received by your financial aid office within the first 30 days of your study period.

Two and three-term program (21 to 52 weeks in duration):

The completed application and all required documents must be received by your financial aid office no later than 90 days before the end of your study period

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Student Information (to be completed by student)

Social Insurance Number <input type="text"/>	Student number (if known) <input type="text"/>	Ontario Education Number (OEN) <input type="text"/>	Postsecondary school you are attending <input type="text"/>
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Indicate the type of Ontario Student Assistance Program (OSAP) aid you have applied for in your current study period:
 OSAP for Full-Time Studies
 Part-Time Canada Student Loan or Grant
 Ontario Special Bursary Program (OSBP)

First name <input type="text"/>	Last name <input type="text"/>	Date of birth Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
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Permanent Address Street number and name <input type="text"/>	Apartment <input type="text"/>
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City, town, or post office <input type="text"/>	Province <input type="text"/>	Postal code <input type="text"/>	Area code and telephone number <input type="text"/>
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Mailing address (if different from above) Street number and name <input type="text"/>	Apartment <input type="text"/>
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City, town, or post office <input type="text"/>	Province or State <input type="text"/>	Postal code or Zip code <input type="text"/>	Area code and telephone number <input type="text"/>
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Study period start date Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>	Study period end date Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
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Disability-Related Services and Equipment

(to be completed by Office for Students with Disabilities in consultation with student)

	(Round to nearest dollar)
1 <input type="checkbox"/> Tutors, readers or note takers. Specify: <input type="text"/>	\$ <input type="text"/>
2 <input type="checkbox"/> Interpreter/captioning (oral and sign). Specify: <input type="text"/>	\$ <input type="text"/>
3 <input type="checkbox"/> Educational assistant in the classroom or attendant care for studies. Specify: <input type="text"/>	\$ <input type="text"/>
4 <input type="checkbox"/> Learning disability assessment	\$ <input type="text"/>
5 <input type="checkbox"/> Assistive equipment (e.g., CCTV's, digital recorders, Braille products, FM systems). Specify: <input type="text"/>	\$ <input type="text"/>
6 <input type="checkbox"/> Assistive software. Specify: <input type="text"/>	\$ <input type="text"/>
7 <input type="checkbox"/> Computer, printer, or accessories. Specify: <input type="text"/>	\$ <input type="text"/>
8 <input type="checkbox"/> Specialized transportation to and from postsecondary school. Specify: <input type="text"/>	\$ <input type="text"/>
9 <input type="checkbox"/> Replacement, Insurance, Warranties or repair costs	\$ <input type="text"/>
10 <input type="checkbox"/> Bursary for Students with Disabilities only: counselling, therapy, life-line services for students living in residence, splints, ergonomic furniture, orthopedic supports, medical or psychological assessments, repairs to wheel chair, or repairs to hearing aid. Specify: <input type="text"/>	\$ <input type="text"/>
TOTAL COSTS:	\$ <input type="text"/>

Approvals

Office for Students with Disabilities Approval (at Ontario public college or university only)

I hereby confirm:

- the status of the student's disability: Permanent Temporary
- that satisfactory supporting documentation has been provided to prove that the student has a temporary or permanent disability, and that the student requires the services and/or equipment identified above to participate in postsecondary studies; and
- that the costs of the services and/or equipment indicated above are accurate, and where required, cost estimate(s) have been provided.

Disabilities Office Coordinator/Counsellor	Signature	Date
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Financial Aid Office Approval (at Ontario public college or university only)

I hereby confirm that the student:

- has at least \$1.00 of financial need under OSAP for Full-time Studies, Part-time Canada Student Loan and Grant Program, or the Ontario Special Bursary Program;
- has had his or her disability-related education costs reviewed and approved by the Office for Students with Disabilities (if applicable); and
- is enrolled and registered at this postsecondary school for the current study period.

Financial Aid Administrator	Signature	Date
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Financial Aid Office Approval (for private postsecondary schools or postsecondary schools outside of Ontario)

I hereby confirm that the student:

- is enrolled and registered at this postsecondary school for the current study period, and that the study period start date and end dates identified above are correct.

Financial Aid Administrator	Signature	Date
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Student's Consent, Declarations and Signatures

Notice of Collection and Use of Personal Information

Your personal information, including your Social Insurance Number (SIN), provided on this application form and in all other communications related to this application and any award of a Bursary for Students with Disabilities (BSWD) and/or Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE), including previous applications and awards of OSAP assistance will be used by the Ministry of Training, Colleges and Universities (the ministry) to administer and finance the BSWD/CSG-PDSE program and by Human Resources and Social Development Canada (HRSDC) to finance the CSG-PDSE program. In addition, your SIN will be used as a general identifier in administering the BSWD/CSG-PDSE. The ministry and HRSDC may use contractors, auditors or other authorized third party administrators for any of these activities. Under agreement with the ministry, your postsecondary school and, where authorized by the ministry, its agents who administer OSAP and its auditors use your personal information to administer the BSWD/CSG-PDSE.

Administration includes: determining your eligibility for a BSWD and/or CSG-PDSE; verifying your application; verifying any award of a BSWD and/or CSG-PDSE; maintaining and auditing your file; assessing and collecting overawards; enforcing the legislation set out below and your agreements with the ministry and monitoring and auditing your postsecondary school or its authorized agents to ensure that they are administering the BSWD/CSG-PDSE appropriately. In addition, administration by the ministry and HRSDC includes: public reporting on the administration and financing of student assistance programs; planning, delivering, evaluating and monitoring the BSWD/CSG-PDSE for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis, evaluation, and research related to all aspects of the BSWD/CSG-PDSE, including contacting you to participate in surveys. Financing includes: planning, arranging or providing funding of the BSWD/CSG-PDSE.

The ministry administers the BSWD under the authority of s. 5 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended and s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended, and the CSG-PDSE under the authority of 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 Financial Assistance Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9; 1-877-OSAP-411.

Applicant's Consent to the Indirect Collection, Use and Disclosure of Personal Information

- I agree that until I provide receipts and/or refunds for the BSWD/CSG-PDSE funding I receive and until any BSWD and/or CSG-PDSE overpayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of BSWD/CSG-PDSE with my postsecondary school and its authorized financial administration administrators and auditors; the ministry's contractors, auditors or other authorized third party administrators; collection agencies operated or retained by the federal or provincial government, and consumer reporting agencies.
- I understand that I can withdraw any consent I have given in this section by writing to the Director, Student Financial Assistance Branch at the address above at any time before I accept a BSWD and/or CSG-PDSE award. I understand that if I withdraw my consent it will affect my eligibility for and the amount of BSWD and/or CSG-PDSE assistance.

Applicant's Declaration

- I require this assistance for the cost of the disability-related services and/or equipment identified on this form, and I will not receive financial assistance from any other source to cover these costs.
- I have given complete and true information on this application form.
- I will keep a copy of my application and all required documents in the event that I am required to produce this information for audit, verification, inspection, or investigation purposes.
- I agree that no later than 30 days after the end of my study period, I will provide receipts to the Financial Aid Office or to the ministry, as indicated on the accompanying instructions, which will show that the BSWD and/or CSG-PDSE funds were spent for their approved purposes and/or repay by money order or certified cheque made payable to the Minister of Finance, any BSWD and/or CSG-PDSE funding that I have not used by the end of my study period for which I am requesting funding.
- I understand that the funding I receive under the BSWD and/or CSG-PDSE must be used for the equipment or service identified on this application and may not be substituted for any other equipment or service.
- I understand that I may be required to repay all or part of this assistance if the information I provide in connection with this application is found to be inaccurate for any reason or if any information I provide changes, including my study period and/or my course load.
- I understand that information I provide in connection with this application will be verified and audited and the Ministry may also conduct inspections and investigations.
- I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility for and the amount of my BSWD and/or CSG-PDSE and that I may be required to repay all or a part of the BSWD and/or CSG-PDSE award.
- I understand that if I fail to provide complete and true information; fail to promptly notify my financial aid office or the ministry in writing of changes to any information I have provided, including my disability and the services and equipment I need, my address and/or financial, academic, family, and/or study period status; or fail to fulfil any obligations respecting the repayment of any over awards the ministry may restrict me from receiving BSWD and/or CSG-PDSE or other OSAP assistance in the future, and may take legal action and may require me to repay any assistance that I received.

I have read and understood this section, including the notice of collection, use of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information.

Signature of Applicant: _____ Date: _____

Institution Use Only (for public colleges and universities in Ontario only):

Institution Code	Academic Year	Course Load %	OSAP = 1	Total Cheque	Cheque Date
			OSBP = 2	Amount	Day Month Year
Cheque #1	Date	Amount	Cheque #2	Date	Amount
Day Month Year	Day Month Year		Day Month Year	Day Month Year	

Ministry Use Only:

Status of student's disability: Permanent Temporary

Satisfactory documents have been provided:

Proof of permanent or temporary disability: Yes No

Cost estimate(s) provided (if required): Yes No

Proof of the need for services and/or equipment: Yes No

Student has at least \$1 of financial need under OSAP FT, PTCSLP/Grant or OSBP: Yes No

Name: _____ Signature: _____ Date: _____

Institution Code	Academic Year	Course Load %	OSAP = 1	Total Cheque	Cheque Date
			OSBP = 2	Amount	Day Month Year
			PTCSL=3		
Cheque #1	Date	Amount	Cheque #2	Date	Amount
Day Month Year	Day Month Year		Day Month Year	Day Month Year	