Canada Student Grant for Persons with Permanent Disabilities

ALL QUESTIONS MUST BE ANSWERED IN INK

REQUEST FOR:

- **Canada Student Grant for Persons with Permanent Disabilities**
- **Supplemental Bursary for Students with Disabilities**

SECTION 1 – PERSONAL INFORMATION

Definition: "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 participate in studies at a post-secondary school level or in the labour force and is expected to remain with the person for the person's expected life.

Note: Not all medical conditions are considered permanent disabilities for the purposes of this grant.

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MINISTRY DATE STAMP

(01) STUDENT'S LEGAL **LAST** NAME

(02) STUDENT'S LEGAL **FIRST** NAME MIDDLE INITIAL

(03) SOCIAL INSURANCE NUMBER

(04) PHONE NUMBER

(05) APPLICATION NUMBER

(06) SCHOOL

IF YOU HAVE A NEW ADDRESS, PLEASE VISIT www.StudentAidBC.ca.

To request the Canada Student Grant for Persons with Permanent Disabilities and Supplemental Bursary for Students with Disabilities, attach a **medical report** OR a **verification of permanent disability form** (download from www.StudentAidBC.ca) confirming the disability is, or is expected to be, permanent and clearly lists all the daily functional impacts of the disability to you in an educational setting.

NOTE: Your medical report OR a verification of permanent disability form must:

- ➔ Include a diagnosis that meets the definition of a permanent disability (indicated above).
- ➔ Be completed by a licensed medical practitioner, who is qualified to diagnose your disability and who you have had a case history with of at least three years.
- ➔ Specify how long the condition has affected your daily activities.
- ➔ Give examples of the daily impact your disability has on your ability to participate fully in your classes.

Send this application form along with your medical documentation to:

Mailing Address:
StudentAid BC
Special Programs Unit
P.O. Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Courier Address:
StudentAid BC
Special Programs Unit
1106 Cook Street
Victoria BC V8V 3Z9

This application form and medical documentation must be received at StudentAid BC no later than six weeks before your study period ends.

Allow six weeks for processing.

SECTION 2 – DECLARATION

I authorize a review of my assessment due to exceptional circumstances. I understand that:

1) All terms agreed to on my current full-time StudentAid BC application will remain in effect.
2) StudentAid BC may consider information from prior applications in my request.

I certify that information provided with this request is accurate and correct.
I consent to the release of information from my medical doctor or counselor to the Ministry of Advanced Education and Labour Market Development, StudentAid BC.

SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED
SIGN HERE	PRINT HERE	YEAR MONTH DAY