



*Voice of Albertans with Disabilities
actively promotes full participation
in society and provides a voice
for Albertans with disabilities.*

EDUCATION FOR LIFE BURSARY APPLICATION FORM

Last Name

First Name

Complete Current Address of Candidate

City/Town

Postal Code

Telephone (with area code)

Work Phone

Email

Do you have a disability? Yes No

What year is this post-secondary education? 1st Year 2nd Year 3rd Year 4+ Year

Date of Birth (dd-mm-yyyy)

Social Insurance Number

Name and address of the educational institution you will be attending

\$

Tuition Cost

Program Name

School ID Number

Signature of Candidate/Guardian

APPLICATION CHECKLIST

- Is your application complete? Check all the boxes to be eligible to receive this bursary
- The bursary application form completely filled out and signed
- Proof of enrollment from educational institution attached (letter from the institution with name and student number)
- Only **one** reference letter from an adult other than a family member
- Brief biography (*max. one page double spaced*) including your educational goals
- The application including all supporting materials must be received by no later than July 15 of the year of application

Please send the application form with all the documents to:

Voice of Albertans with Disabilities
406 Hys Centre, 11010 101 Street, Edmonton, AB, T5H 4B9
Or email to vad@vadsociety.ca
Phone 780-488-9088