



*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 November 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](mailto:vad@vadsociety.ca)  
Phone 780-488-9088