



*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
106-10423 178 ST NW, Edmonton, AB T5S 1R5
Or email to programs@vadsociety.ca
Phone 780-488-9088, 1-800-387-2514