

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

	2023 EDUCATION FOR	LIFE DUK	SAKY APPLI	CATION FU	KIVI
Last N	ame	Fir	st Name		
Complete Current Address of Candidate		Cit	y/Town	Postal Code	
Teleph	one (with area code) Wor	k Phone		Email	
Do you	u have a disability? Yes □ No □	Type of Disabi	ility - optional		
What y	ear 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	on you will be	attending		
\$ Program Name			School ID Number		
Signati	ure of Candidate/Guardian				
C	ICATION CHECKLIST				
Is your	application complete? Check all the b	oxes to be eligi	ible 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 <u>one</u> reference letter from an adult other than a family member (<i>max. one page</i>)				
	Brief biography (max. one page) including your educational goals				
	e application including all supporting wember 15 of the year of application	g materials mus	st be received by n	no later than 4 pi	n on
Please	send the application form with all the	documents to:			
	406 Hys Centre, 110 Or em	f Albertans wit 10 101 Street, 1 nail to <u>vad@vad</u> Phone 780-488	Edmonton, AB, T <u>dsociety.ca</u>	5H 4B9	