

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

## 2024 EDUCATION FOR LIFE BURSARY APPLICATION FORM Last Name First Name Complete Current Address of Candidate Postal Code City/Town Telephone (with area code) Work Phone Email *Do you have a disability?* Yes $\square$ No $\square$ Type of Disability - optional 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 (max. one page) □ Brief biography (max. one page) including your educational goals The application including all supporting materials must be received by no later than 4 pm on November 15 of the year of application Please send the application form with all the documents to: Voice of Albertans with Disabilities 105 Royal Alex Place, 10106 111 ave, Edmonton, AB, T5G 0B3

Or email to vad@vadsociety.ca Phone 780-488-9088