



Voice of Albertans with Disabilities
*Advocates for the rights, needs and opportunities through collaboration,
education and empowerment. We work province wide every individual
with a disability can thrive and contribute meaningfully.*
www.vadsociety.ca

2025 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 ☐ 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
(receipt of tuition payment 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 ensure your name is on each document.***

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 0B4
Or email to vad@vadsociety.ca
Phone 780-488-9088