

Application for Grants for Services and Equipment (for Students with Disabilities)

Canada-Newfoundland and Labrador Integrated Student Financial Assistance Program

General Information:

To be eligible for the Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE) and the Newfoundland and Labrador Grant for High Need Students with Disabilities (if required), students must satisfy all of the following criteria:

- Have been deemed eligible for the Canada Student Grant for Students with Disabilities;
- Demonstrate financial need through the Student Aid application for full-time or part-time studies; and
- Have identified impairments/limitations that restrict the ability to perform the daily activities necessary to participate in studies;
- Not be in default of a Canada and/or Newfoundland and Labrador Student Loan;
- Be enrolled in a post-secondary level program at a designated post-secondary institution as a full-time or part-time student.

Note: Students who do not satisfy **all** of the above criteria are not eligible for this grant.

For Eligible Students:

- Complete and sign **Section A**
- To assist the educational institution official in completing this form, students are encouraged to include a copy of their completed Verification of Eligibility Form (and Psycho-Educational Assessment, if applicable)
- Have **Sections B, C, and D** completed by the educational institution official.
- Provide one official cost estimate for each type of service and/or equipment requested. Service cost estimates must include the hourly rate, contact information and credentials of the service provider.

For Educational Institution Officials:

- Complete Section B, C and D including identification of required services/equipment.
- If more space is required, please attach a sheet to this completed form.

A. Student's Consent and Agreement

Consent for the Collection and Disclosure of Personal Information

Your personal information is protected by the **Access to Information and Protection of Privacy Act** (Newfoundland and Labrador). I understand that, to determine and verify my eligibility for student financial assistance and related programs, to administer and enforce the Canada - Newfoundland and Labrador Integrated Student Financial Assistance Program, Student Financial Services Division may need to obtain my personal information. I consent to Student Financial Services Division collecting my personal information from an official of the educational institution who completes the Application for Canada Student Grant for Services and Equipment for students with disabilities, and to Student Financial Services Division providing personal information as may be necessary to obtain the information Student Financial Services Division requires or as may be necessary to administer and enforce the Student Financial Assistance Program. I also consent to these persons and entities disclosing my personal information to Student Financial Services Division for these purposes.

Student Agreement

If I receive the Canada Student Grant for Services and Equipment for Students with Disabilities, I hereby agree to provide, by the end of my study period, receipts that will show the grant was spent for its intended purposes.

Student's First Name	Student's Last Name	Student's Social Insurance Number (SIN) XXX-XXX-
Student's Signature		Date

B. Functional Limitations & Supports (to be completed by an Official of the Educational Institution)

- Identify the student's education-related impairment or functional limitation that restricts their ability to perform the daily activities necessary to pursue studies at a postsecondary school level.
- List all services and/or equipment that are disability related and describe how the supports can reduce the impact of the disability to the student, in an educational setting.

To aid in completing the information below, the student is encouraged to provide a copy of their completed Verification of Eligibility Form and Psycho-Educational Assessment, if applicable, for reference.

1. Impairment/Functional Limitation

Supports required (indicate how the support reduces the impact of the impairment/functional limitation)

2. Impairment/Functional Limitation

Supports required (indicate how the support reduces the impact of the impairment/functional limitation)

3. Impairment/Functional Limitation

Supports required (indicate how the support reduces the impact of the impairment/functional limitation)

4. Impairment/Functional Limitation

Supports required (indicate how the support reduces the impact of the impairment/functional limitation)

5. Impairment/Functional Limitation

Supports required (indicate how the support reduces the impact of the impairment/functional limitation)

C. Services and Equipment (to be completed by an Official of the Educational Institution)

Services

Service (e.g., note taker, tutor)	Course Name	Number of weeks	Hours per week

Additional Specialized Services		Number of weeks	Hours per week
Educational Attendant Care			
Sign Language Interpreter			
Alternate Formats (Specify)			
Specialized Transportation (to and from school only)			N/A
Other (Specify)			
Equipment			
Computer Systems (Maximum \$2000)	<input type="checkbox"/> Desktop	<input type="checkbox"/> Laptop	<input type="checkbox"/> Tablet
Computer Related	<input type="checkbox"/> Warranty	<input type="checkbox"/> Flash drive	<input type="checkbox"/> Carrying Case
	<input type="checkbox"/> Printer	<input type="checkbox"/> Scanner	<input type="checkbox"/> External Mouse
Assistive Software	<input type="checkbox"/> Voice Recognition Software		Specify
	<input type="checkbox"/> Screen Magnification Software		Specify
	<input type="checkbox"/> Assistive Writing Software		Specify
	<input type="checkbox"/> Screen Reading Software		Specify
	<input type="checkbox"/> Text-to-Speech Software		Specify
Assistive Equipment	<input type="checkbox"/> Headset		Specify
	<input type="checkbox"/> Digital Recorder		Specify
	<input type="checkbox"/> Reading Pen		Specify
	<input type="checkbox"/> Reading Pen Accessories		Specify
	<input type="checkbox"/> FM System		Specify with or without hearing aids
Other	Specify		

Note to Students - Include at least one official cost estimate for each type of service and/or equipment requested. Service cost estimates must include the hourly rate, contact information and credentials of the service provider.

D. Approval by Official of the Educational Institution (to be completed by an Official of the Educational Institution)

I, the undersigned, have met with the above-named student. We have discussed required services and equipment, and I hereby confirm the student's need for the education-related accommodations listed above to the best of my judgment.

Educational Institution Official's Title

Name

Telephone Number

Email

Signature

Date

Funding Available

The Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE) provides eligible students with up to \$20,000 per academic year. The Newfoundland and Labrador Grant for High Need Students with Disabilities provides additional funding for eligible students, if required, for eligible services and equipment.

Receiving Funds

If approved for grants for services and equipment for students with disabilities, StudentAidNL will electronically deposit the funds into the student's personal bank account. **First-time recipients or those with a change in banking information** must submit their banking information to the Department of Finance to receive their funds by completing the Supplier Form available at www.gov.nl.ca/fin/supplier-form. Detailed instructions on completing the Supplier Form are available on the StudentAidNL website at www.gov.nl.ca/education/studentaid/.

Returning students who have received funding through the CSG-DSE or Newfoundland and Labrador Grant for High Need Students with Disabilities previously, must provide receipts confirming they spent the funds received through these grants as intended.

Returning Unused Funds

Any unused funds should be returned to StudentAidNL at the address below in the form of a cheque or money order made payable to **NL Exchequer**. Students must include their full name, last 3 digits of their SIN and date of birth.

Department of Education and Early Childhood Development
 Student Financial Services Division
 P. O. Box 8700
 St. John's, NL A1B 4J6

Collection and Use of Information:

This personal information is collected under the authority of the **Canada Student Loans Act, Canada Student Financial Assistance Act**, and the **Student Financial Assistance Act, 2019** (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. For any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education and Early Childhood Development, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.

For complete details on the full range of services and benefits available for students with disabilities, please visit us online at:

www.gov.nl.ca/studentaid