

# Federal/Provincial Grant for Post-Secondary Students with Permanent Disabilities 2011/2012

# Schedule 4

We are collecting this personal information to determine and verify your eligibility for financial assistance in accordance with the *Student Financial Assistance Act* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The collection, use and disclosure of your personal information is done under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) and is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions about the collection of this information, call the Student Funding Contact Centre: in Edmonton 780-427-3722, or toll free in Canada 1-800-222-6485.

Applicant's Last Name	Initials	Social Insurance Number

**This schedule is complete only if all required documentation is submitted and if the bottom of the page is signed and completed by the Alberta Employment and Immigration Consultant. Before you start, read the information on the back of this page and see Quick Tips, pp. 15-16 #26.**

**You must submit a Schedule 4 if: (check all that apply)**

- This is your first application as a student with a documented permanent disability, and/or
- You are requesting assistive services and equipment (complete Sections 1, 2), and/or
- You are enrolling in a reduced course load (complete Section 3)

<b>Enter your program session start and end dates for the 2011/2012 school year.</b>	<b>Start</b>	<b>End</b>
	Day   Month   Year	Day   Month   Year

**Learning Assessment Fee** (see Quick Tips, p.16 #27)  75% of Learning Assessment Fee up to a maximum of \$1,200

**1. Assistive Services** (Enter TOTAL amount for the 2011/2012 program session)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Note Taker          |  | <input type="checkbox"/> Interpreter (Oral, Sign, CART)                       |  |
| <input type="checkbox"/> Tutor               |  | <input type="checkbox"/> Educational Attendant Care (while in school)         |  |
| <input type="checkbox"/> Academic Strategist |  | <input type="checkbox"/> Specialized Transportation (to and from school only) |  |
| <input type="checkbox"/> Reader              |  |   |  |

**2. Equipment/Assistive Technology** [Check appropriate box(es) and provide **two separate estimates**] (Enter TOTAL amount for the 2011/2012 program session)

- |   |  |
|---|--|
| <input type="checkbox"/> Technical Aids (e.g. disability related software, Braille) <i>Specify:</i> | <input type="checkbox"/> Alternate Formats (e.g. large or braille print) <i>Specify:</i> |
|   |  |
|   |  |

**For Educational Institution Use ONLY - Do Not Write in this Area**

**3. Reduced Course Load** (to be completed by the Coordinator for Students with Permanent Disabilities or Financial Aid Officer or Registrar ONLY if you are enrolling in between 40% to 59% of a full course load and want to be considered for full-time funding)

What is the student's percentage of a full course load?   %

Signature of School Official	Printed Name of School Official	Telephone	Today's Date ( <i>in ink</i> )
<b>X</b>			Day   Month   Year

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**Nature of Permanent Disability (documentation must be provided)** [Please check appropriate box(es)]

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Deaf, Hearing Impaired   | <input type="checkbox"/> Mobility Impairment          | <input type="checkbox"/> Brain Injury   |
| <input type="checkbox"/> Blind, Visually Impaired | <input type="checkbox"/> ADD/ADHD                     | <input type="checkbox"/> Other Permanent Disability (see Quick Tips, p.15 #26 or reverse side of Schedule 4 for definition of permanent disability) |
| <input type="checkbox"/> Learning Disability      | <input type="checkbox"/> Psychiatric or Psychological |   |
| <input type="checkbox"/> Speech                   | <input type="checkbox"/> Autism, Asperger, Rett       |   |

Is disability permanent?  No  Yes (If yes, must attach any documentation regarding the nature of permanent disability)

TOTAL recommended services/equipment \$  If over \$8,000, will DRES cover the balance?  No  Yes

Attach documentation itemizing the assistive services and/or equipment that covers the above. \_\_\_\_\_

Authorized Consultant Code			

Signature of Authorized Consultant	Name (please print)	Telephone	Today's Date ( <i>in ink</i> )
<b>X</b>			Day   Month   Year

