

UTMSU Accessibility U-Pass Grant (Winter 2017-18 Application)

The Accessibility U-Pass Grant is designed to assist full-time students, who require the use of wheelchairs and/or are currently registered with UTM Accessibility. To receive this grant, you must turn in your annual U-Pass card (automatically paid for through tuition) with this application. It is essential that you complete all pages of this application and explain in detail any exceptional circumstances. The collected information is used to determine eligibility and will remain strictly confidential.

The completed form must be returned to the Student Centre, Room 115 [Monday – Friday 9am - 4pm] to the Office Manager. Please submit this filled form, with all the supporting documents by **Friday, March 2nd 2018 by 4PM. Late applications WILL NOT be accepted.**

For more information visit www.utmsu.ca or email vpequity@utmsu.ca, or bursary@utmsu.ca.

PLEASE COMPLETE ALL SECTIONS IN FULL (complete sections A-D and print)

(A) Personal Information (all fields are mandatory):

Student Number: _____

Name in Full (please print): _____

Permanent Home Address:

Street Number

City, Province

Postal Code

UToronto Email Address: _____

Alternative Email Address: _____

Telephone Home: _____ Cell Phone: _____

Are you with UTM Accessibility? (Circle) Yes No

*Please attach a letter from UTM Accessibility to certify your accessibility request.

Do you use wheelchair bus services? (Circle) Yes No

(A) Academic Information

Program: _____

Program Year (1st, 2nd, 3rd, etc.): _____

Are you a: (circle) Full-time student Part time student

How many credits are you taking during the summer term? _____

*****IMPORTANT*****

(B) Statement (On a separate sheet)

In a minimum of 500 words, please state why you are eligible for the Accessibility U-Pass Grant. We are not particularly looking for what you have contributed to the school through extracurricular involvement on campus, but rather why you are in need of this bursary. It is important that a full explanation of your circumstances be available in order to receive this bursary. If you applied for this bursary during the year, you are still welcome to apply to this one.

Note: Additional documentation may be required for better assessment.

I consent to providing any additional information if contacted by the Bursary Coordinator.

Initials of the applicant

Date

(C) Declaration

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete. I understand that my failure to provide complete information may prevent me from receiving assistance now or in the future. I also realize that information included herein may be compared with information from my OSAP file. I authorize the release of the information contained herein to the Selection Committee.

Signature: _____ **Date:** _____

***** You will be asked to put your complete application form alongside all supporting documents, in a folder/envelope, which will be provided to you upon your submission. Please DO NOT SEAL this folder/envelope.**