

## **UTMSU Accessibility U-Pass Grant (Fall 2020 Application)**

The Accessibility U-Pass Grant is designed to assist full-time or part-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 emailed to [bursary@utmsu.ca](mailto:bursary@utmsu.ca). Please email this filled form, with all the supporting documents by October 5th, 6 p.m.

Please email the application with the subject line "2020 UPass Bursary - Full Name".

For more information email [vpequity@utmsu.ca](mailto:vpequity@utmsu.ca) or [bursary@utmsu.ca](mailto: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

**B. Academic Information**

Program: \_\_\_\_\_

Program Year (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.): \_\_\_\_\_

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

How many credits are you taking during the 2020-2021 academic term?

\_\_\_\_\_

\*\*\*\*\***Important**\*\*\*\*\*

**C. Statement (On a separate sheet)**

In a maximum of 250 words, please state why you are eligible for the Accessibility U-Pass Grant.

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

**D. 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 authorize the release of the information contained herein to the Selection Committee.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please keep application or additional documents and questions in one email thread when sending emails to [bursary@utmsu.ca](mailto:bursary@utmsu.ca)