



Wales

Scholarship

Application for Nova Scotia
Post-Secondary Education Students with Disabilities

Personal Information

Last Name: _____ First Name & Initial: _____ SIN: _____

Mailing Address: _____ City, Town, NS: _____ Postal Code: _____

Telephone No.: _____ Alternate Telephone No.: _____ Email: _____

How long have you been a resident of Nova Scotia?

Study Information

High School Completion: _____ Year of Completion/Departure: _____

Yes No

Name of university, community college, or private career college you are/will be attending: _____ Location: _____

Student Identification Number: _____

Program of Study: _____ Major: _____

Year Entering/Registering: _____ Length of Course (in years): _____
 Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 1 2 3 4

Course Load (number of courses): _____
 1 2 3 4 5 Other (i.e., ½ courses): _____

Academic Year Begins: _____ Academic Year Ends: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

Nature of Disability

Hearing Learning Physical Visual Other (please elaborate): _____

How long have you had this disability?

THE APPLICATION DEADLINE IS APRIL 15.

Application continued on reverse

Needs Assessment

As a result of your disability, are you receiving any federal and/or provincial education-related funding from the following programs:

1. Provincial Access Grant (Nova Scotia):

Yes No If Yes, please indicate amount: \$ _____

2. Canada Student Grant for Students with Permanent Disabilities:

Yes No If Yes, please indicate amount: \$ _____

3. Other grant/assistance:

Yes No If Yes, please indicate amount: \$ _____ Name of Program: _____

Additional Information (optional)

Please provide any other information that may help in assessing your application. (If more space is required, please attach an additional sheet of paper.)

Please provide the following documentation with this application:

(Please note that only complete applications will be considered.)

First-year students:

1. Official high school transcript
2. Official letter of acceptance from institution you will be attending
3. Academic reference letter*
4. Character reference letter*
5. Statement of disability (one of the following):
 - medical certificate
 - learning disability assessment
 - other official document testifying to your disability

Returning students:

1. Letter from institution you are attending confirming student status
2. Academic reference letter*
3. Character reference letter*
4. Statement of disability (one of the following):
 - medical certificate
 - learning disability assessment
 - other official document testifying to your disability

*Referees should comment on how disability impacts academic performance.

Send all application information to:

Scholarship Committee

The Royal Canadian Legion
Nova Scotia Nunavut Command
61 Gloria McCluskey Avenue
Dartmouth, NS B3B 2Z3

Tel: (902) 429-4090
Fax: (902) 429-7481
Email: info@ns.legion.ca

I hereby certify that the information provided in this application is true.

Signature of Applicant: _____ Date: _____

THE APPLICATION DEADLINE IS APRIL 15.