

**Ontario Bursary for Students with Disabilities (BSWD)
Canada Student Grant for Services and Equipment for
Students with Permanent Disabilities (CSG-PDSE)**

Purpose

You can get funding to help pay for your disability-related educational services and/or equipment needed to participate in postsecondary studies. The costs of a psycho-educational assessment or other disability assessment may also be considered.

Use this application to be considered for funding during the 2020-21 academic year as follows:

- up to \$2,000 from the Ontario Bursary for Students with Disabilities (BSWD); and
- up to \$20,000 from the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE).

Who is eligible

Your eligibility for funding consideration is based on your disability status:

- For the BSWD, you must have either a permanent or a temporary disability.
- For the CSG-PDSE, you must have a permanent disability.

Definition: Permanent disability

A permanent disability is a functional limitation that:

- is caused by a physical or mental impairment,
- restricts your ability to perform the daily activities necessary to participate in studies at a postsecondary level or the labour force, and
- is expected to remain with you for your whole life.

In addition, you must have applied for and be eligible for funding from one of the following sources for your 2020-21 study period:

- Ontario Student Assistance Program (OSAP) for Full-Time Students
- OSAP for Part-Time Students
- An Institution-Funded Special Bursary (students at public universities and colleges in Ontario only)

How your disability-related educational costs are considered

Each assessment, service or equipment request is considered on an individual basis. Information provided from your health care provider (doctor or other regulated health care professional) and/or from your Office for Students with Disabilities (if applicable) is used to determine what costs will be funded. You must also meet all the eligibility requirements for this program.

You may be provided funding for all or a portion of the costs of the assessment, services or equipment requested. Approved amounts are subject to maximum limits so it is possible that not all your costs are covered.

Note:

- Services and equipment may not be considered for BSWD and/or CSG-PDSE funding if:
 - They are provided by your school.
 - They are eligible for funding through another agency.
 - They are eligible for funding by any third party, such as through insurance
- The cost of tutoring services provided by family members will not be considered for BSWD and/or CSG-PDSE funding.
- The cost of tutoring services provided by individuals with a close personal relationship with the student may not be considered for BSWD and/or CSG-PDSE funding.
- A request for a computer (desktop, laptop or tablet) will only be considered for funding once every four years.
- Approved equipment and/or software must be purchased within 30 days of receiving your funding.
- All approved items must be purchased before the end of your 2020-21 study period. Otherwise, you will have to repay all or a portion of the funds given to you to make these purchases.
- Any services and/or equipment purchased before your application is approved are done so at your own risk as they may not be approved for funding.
- The costs for services and equipment (excluding psycho-educational assessments) purchased more than 60 days before the start of your study period will not be considered. Psycho-educational assessment costs will not be considered if the assessment was performed more than 6 months before the start of your study period.

Documentation you will have to provide

When you are submitting your application

Documentation is required to confirm that, due to your disability, the services, equipment and/or assessment selected on your application are needed so you can go to school. See Section D for details.

After you've been approved for funding

You will have to provide original receipts showing that you purchased the items that you were issued BSWD and/or CSG-PDSE funding. Further instructions will be provided once your funding is released.

Where to send your application

If you're going to a school in Ontario:

Send your completed application and all required documents to your school's financial aid office.

If you're going to a school outside of Ontario:

Send your completed application to your school's financial aid office so they can complete Section H.

When you receive your application back from your school, send it along with all required documents to:

Student Financial Assistance Branch
Ministry of Colleges and Universities
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, Ontario
P7B 6G9

Deadlines

Application and supporting documents

Your completed application must be received by your financial aid office or the ministry no later than 60 days before the end of your study period.

All supporting documentation must be received no later than 40 days before the end of your study period.

Proof of purchase for approved assessments, services and/or equipment

Original receipts for each approved item must be received by your financial aid office or the ministry no later than 30 days after the end of your study period. If you received funds for services (e.g. tutors, note-takers), you must also provide a time log that lists when each of the approved services was used.

Note:

If you don't provide acceptable proof and/or the purchase price was less than the approved funding amount for an item, you will have to return all or a portion of the funds issued. Contact your financial aid office for details.

Help with your application

If you're going to a school in Ontario:

The Office for Students with Disabilities or the financial aid office at your school can help you with any questions about this application. The disability advisors there can also provide information about disability-related services, supports and equipment available at your school.

If your school does not have an Office for Students with Disabilities, you can discuss your disability-related educational needs with your health care provider (doctor or other regulated health care professional).

If you're going to a school outside of Ontario:

Contact the ministry at:

Student Financial Assistance Branch
Ministry of Colleges and Universities
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, Ontario
P7B 6G9

General inquiry telephone service is available Monday to Friday, 8:30 AM - 4:30 PM (Eastern Time)

- Telephone: 807-343-7260.
- Toll-free in North America: 1-877-OSAP- 411 or 1-877-672-7411
- TTY: 1-800-465-3958

2020-21

Ontario Bursary for Students with Disabilities (BSWD)
Canada Student Grant for Services and Equipment for
Students with Permanent Disabilities (CSG-PDSE)

Section A: Student information

Social Insurance Number:

Ontario Education Number (OEN), if assigned to you:

Last name:

First name:

Date of birth:

Day Month Year

Your mailing address

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Postal code or zip code:

City, town, or post office:

Province or state:

Country:

Area code and telephone number:

Section B: Information about your school and program

What is the name of the school you plan to attend or are currently attending for your 2020-21 study period?

Student number at your school:

What are the start and end dates of your 2020-21 study period?

From:

To:

Day Month Year

Day Month Year

For the above study period, what type of financial aid have you applied for?

- OSAP for Full-Time Students
- OSAP for Part-Time Students
- Institution-funded Special Bursary

Section C: Request for assessments, services, and/or equipment

Select the items required to accommodate your disability-related needs while you're in postsecondary studies. If additional space is needed to outline the type of services and/or equipment required, provide the information in a separate letter and attach it to your application.

A cost estimate must be provided for each item requested. Include taxes and shipping (if applicable) in the amount provided. Enter amounts in dollars only. Do not enter cents or use periods or commas.

Each category may be subject to a funding cap. This means that not all your costs may be covered even if your application is approved.

Note to students attending a public university or college in Ontario

You must work with an advisor in the Disability Services Office at your school when completing Section C.

Note to students attending a private school in Ontario or any school located outside of Ontario

Work with a disability advisor at your school or your health care provider (doctor or other regulated health care professional) when completing Section C.

Assessments

- | | | |
|---|----|---------------|
| <input type="checkbox"/> Psycho-educational assessment | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Other disability assessment (eligible for BSWD funding only) | \$ | _ _ _ _ _ _ _ |

Services

A written estimate for service requested is required. See Section D for details.

- | | | |
|--|----|---------------|
| <input type="checkbox"/> Tutor | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Note-taker | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Academic strategist/coach | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Attendant care for studies (while at school for course activities) | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Educational assistant (while at school) | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Specialized transportation (for students with mobility issues only) | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Counselling/therapy (eligible for BSWD funding only) | \$ | _ _ _ _ _ _ _ |
| <input type="checkbox"/> Other - Specify: _____ | \$ | _ _ _ _ _ _ _ |

Computer equipment

Computer (including warranty, if applicable)

\$

Indicate format required (select one only)

Desktop

Laptop

Tablet

Computer software and accessories

All-in-one printer (printer/scanner/copier)

\$

External monitor

\$

External keyboard

\$

Carrying case

\$

Other - Specify:

\$

Assistive software

Text to speech software

\$

Voice recognition software

\$

Screen reading software

\$

Assistive writing software

\$

Organizational software

\$

Other - Specify:

\$

Assistive equipment

- | | | |
|--|----|----------------------|
| <input type="checkbox"/> Reading pens/accessories | \$ | <input type="text"/> |
| <input type="checkbox"/> Noise cancelling headphones | \$ | <input type="text"/> |
| <input type="checkbox"/> Digital recorder | \$ | <input type="text"/> |
| <input type="checkbox"/> Equipment repair/replacement | \$ | <input type="text"/> |
| <input type="checkbox"/> Ergonomic aids (eligible for BSWD funding only) | \$ | <input type="text"/> |
| <input type="checkbox"/> Other - Specify: <input type="text"/> | \$ | <input type="text"/> |

Total amount requested: \$

Section D: Required documentation

You must provide the following documents (as applicable) to support your application:

- An OSAP Disability Verification Form (if you have not already done so).
- A written recommendation from a disability advisor at your school and/or your health care provider (doctor or other regulated health care professional) for the services and/or equipment requested if it was not provided on your OSAP Disability Verification Form.
- Estimates for the costs of any requested service(s), such as tutors or note-takers. Each estimate must include the following:
 - hourly cost of each service;
 - total hours per week of each service (cannot exceed weekly in-class time);
 - total number of weeks you will be using each service;
 - which of the courses you are taking require the service; and,
 - the name and contact information for the person or agency providing each service.
- Original receipts for any assessments, services, equipment and/or software requested if they have already been purchased.

Section E: Student consents, declarations and signature

Notice of collection and use of personal information

Your personal information, including your Social Insurance Number (SIN), provided in connection with your student profile, this application and any previous applications and awards of financial assistance will be used by the Ministry of Colleges and Universities (“ministry”) to administer and finance the Bursary for Students with Disabilities (BSWD) program and by Employment and Social Development Canada (ESDC) to administer and finance the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE) program. Your SIN will be used as a general identifier in administering the BSWD/CSG-PDSE. The ministry and ESDC may use other parties for any of these activities. Under agreement with the ministry, your postsecondary school and, where authorized by the ministry, its agents who administer OSAP and its auditors use your personal information to administer the BSWD/CSG-PDSE.

Administration includes: determining your eligibility for a BSWD/CSG-PDSE award; verifying your application and supporting documentation, including verifying financial assistance provided under any other ministry program; paying your award; verifying your award; auditing your file; assessing and collecting overpayments; enforcing the legislation set out below and your agreements with the ministry and ESDC; and monitoring and auditing your postsecondary school or its authorized agents to ensure that they are administering the programs appropriately. In addition, administration by the ministry includes public reporting on postsecondary education and training, including the administration and financing of student assistance programs; planning, delivering, evaluating and monitoring student assistance programs for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting research related to postsecondary education and training, including all aspects of the BSWD/CSG-PDSE. You may be contacted to participate in surveys related to postsecondary education and training. Financing includes: planning, arranging or providing funding of the BSWD/CSG-PDSE.

The ministry administers the BSWD under the authority of ss.5, 15 and 16 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c.M.19, as amended and s. 10.1 of the Financial Administration Act, R.S.O. 1990, c.F.12, as amended, and the CSG-PDSE under the authority of the Canada Student Financial Assistance Act, S.C. 1994, c.28, as amended, and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended and s. 266.3(4) of the Education Act. If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9, 807-343-7260.

Student's consent to the indirect collection, use and disclosure of personal information (REQUIRED)

- I agree that until I provide receipts for and/or repay BSWD/CSG-PDSE funds provided to me, and until any BSWD/CSG-PDSE overpayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of BSWD/CSG-PDSE with ESDC, my postsecondary school and its authorized financial administrators and auditors; the ministry’s contractors, auditors or other authorized third party administrators; collection agencies operated or retained by the federal or provincial government, and consumer reporting agencies.
- I understand that I can withdraw any consent I have given in this section by writing to the Director, Student Financial Assistance Branch at the address above at any time before I accept a BSWD/CSG-PDSE award. I understand that if I withdraw my consent it will affect my eligibility for and the amount of BSWD/CSG-PDSE assistance.

Student's declaration

- I require BSWD/CSG-PDSE funding for the cost of the disability-related services and/or equipment identified on this application, and I will not receive financial assistance from any other source to cover these costs.
- I understand that I must use the BSWD/CSG-PDSE I receive for the equipment and/or services identified on this application and that I cannot substitute for any other equipment and/or services not identified on this application.
- I agree that I will provide receipts for equipment and software no later than 30 days after being issued BSWD/CSG-PDSE funds, and I agree that I will provide receipts for services no later than 30 days after the end of my OSAP study period. I will submit these receipts to my postsecondary school's Financial Aid Office or to the ministry, as instructed on this application form, and will show that BSWD/CSG-PDSE funds were spent for their approved purposes.
- I agree that if I do not submit receipts, I will repay, by money order or certified cheque to my school's Financial Aid Office or to the Minister of Finance, any BSWD/CSG-PDSE funds that I have not used for the OSAP study period identified on this application. I understand that failure to do so may result in being restricted from receiving OSAP, including BSWD/CSG-PDSE funding.
- I understand that I may be required to repay all or part of the BSWD/CSG-PDSE funds if the information and any supporting documentation I provide in connection with this application is found to be inaccurate or if any information I provide changes, including my OSAP study period and/or my course load.
- I understand that information I provide in connection with this application will be verified and audited and any change resulting from verification and audit may affect my eligibility for and the amount of BSWD/CSG-PDSE funds provided to me, and that I may be required to repay all or a part of the BSWD/CSG-PDSE funds.
- I have given complete and true information on this application form and I understand that if I fail to provide complete and true information and/or fail to promptly notify my Financial Aid Office or the ministry through my account on the OSAP website or in writing of changes to any information I have provided, including my disability and the services and equipment I need, my address and/or financial, academic, family, and/or OSAP study period status; or fail to fulfil any obligations respecting the repayment of any overpayments, the ministry may restrict me from receiving OSAP, including BSWD/CSG-PDSE funding, and may take legal action and may require me to repay any assistance that I received.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information.

Note: if you are completing this form electronically, use the "Fill & Sign" feature in Adobe Reader or your PDF program to add your signature.

Signature of applicant:

Date:

Day	Month	Year

Section F: Declaration by the Office for Students with Disabilities (at public universities and colleges in Ontario only)

I declare that based on the information provided on this application:

- The student requires the services and/or equipment selected to accommodate their disability-related needs to participate in postsecondary studies; or
- The student is applying for funding to complete a psycho-educational assessment to verify their disability status for OSAP purposes; and
- The costs indicated (estimated or actual) for each of the selected items are accurate.

Name of disability advisor:

Note: if you are completing this form electronically, use the “Fill & Sign” feature in Adobe Reader or your PDF program to add your signature.

Signature:

Date:

Day Month Year

--	--	--	--	--	--	--	--	--	--

Section G: Enrolment confirmation and declarations by Financial Aid Administrator (at public universities and colleges in Ontario only)

I declare that:

- The student’s OSAP profile shows that their disability status has been verified.
- The student’s disability status on their OSAP profile has been verified as the option I have indicated:

Temporary **Permanent**

- The student has applied for and is eligible for funding under one of the following programs for the study period programs for their current study period:
 - OSAP for Full-Time Students (has at least \$1.00 of financial need)
 - OSAP for Part-Time Students
 - Institution-funded Special Bursary
- The student has provided all required documentation for this application.
- The student is defined as being enrolled in full-time studies.

Name of financial aid administrator:

Note: if you are completing this form electronically, use the “Fill & Sign” feature in Adobe Reader or your PDF program to add your signature.

Signature:

Date:

Day Month Year

--	--	--	--	--	--	--	--	--	--

Section H: Enrolment confirmation and declarations by Financial Aid Administrator (at private schools in Ontario or at schools outside of Ontario)

I declare that based on the information provided on this application, the student is enrolled and registered for the study period indicated.

Name of financial aid administrator:

Note: if you are completing this form electronically, use the "Fill & Sign" feature in Adobe Reader or your PDF program to add your signature.

Signature:

Date:

Day Month Year

--	--	--	--	--	--	--	--