



Application

Accessible Technology grant and Mentorship Program

Proudly supported by **Scotiabank**.

Name of Student:		Name of Parent/Caregiver (if student is under 18 years old):	
Student's Date of Birth:		Grade student will be in during Fall 2022:	
Mailing Address:			
City:	Province:	Postal Code:	
Parent/Caregiver's Email Address:		Phone Number:	
Student's Email Address:		Phone Number:	
Are you currently or have you previously participated in a program offered by Easter Seals Nova Scotia:			Yes / No
If you answered 'Yes' to the question above, please indicate in the space below, the name of the program that you are currently or previously participated in:			
Are you currently in receipt of an academic scholarship or bursary from any other organization:			Yes / No



Indicate in the space below, the name and location of the high school where you are enrolled in for Fall 2022, and what grade you will be in.

How much are you applying for?
 _____\$500 _____\$1,000 _____\$2,000*

Describe what the financial grant would be used for if you were selected, including costs and vendor.

Mentorship

Please indicate if you would like to participate in the mentorship opportunity, offered to all successful grant recipients:	Yes / No
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If you selected 'Yes' to the mentorship opportunity, please indicate any accessibility accommodations that you require in order to participate in the mentorship program. (E.g. *Hearing impaired and will need to meet by video/online with LIVE captioning or mentor with ASL, etc.*)

What ways would you prefer to communicate with your volunteer mentor?

- **Online video/phone meeting (e.g. Zoom):** Yes / No
- **Phone:** Yes / No
- **Email:** Yes / No



Supporting documentation:

Please remember to attach the following supporting documents with your application.

1. Application letter
2. A letter or documentation from a healthcare professional (e.g., doctor or therapist) explaining your disability

Declaration

To complete this application, you must confirm that you understand and agree with all the following statements (please check each box):

- I have carefully read and understand the eligibility criteria for funding as described.
- I agree that I will provide any and all necessary documentation to complete this application.
- I agree to use the funds awarded from this grant for the purposes stated in this application only.
- I agree to Easter Seals Nova Scotia using my name, picture and information about the award for reporting and marketing purposes.
- I certify that the information provided in the application is accurate and true.

Signature of Student Applicant

Date

Signature of Parent/Caregiver*
(*if student applicant is under 18 years old)

Date