

University of Saskatchewan Administrative & Supervisory Personnel Association (ASPA) Bursary for Students with Disabilities

The U of S ASPA Bursary for Students with Disabilities, valued at \$2,000, is offered to students who are sons or daughters of members of the Administrative & Supervisory Personnel Association. Applicants must have completed at least one year of study in any program leading to a degree at the U of S and have a disability. Selection will be based on financial need.

1. DEADLINE—FRIDAY, FEBRUARY 26, 2010

Instructions – Please print clearly. Do not staple application. Answer all questions. If a question does not apply to you, please indicate “N/A” (not applicable). Faxed applications are difficult to read—if possible, please mail, courier or hand deliver your application to Student Central, located in the Administration Building. Applications will be accepted if they are postmarked or hand delivered by February 26, 2010. If you have a question about any part of this application, please contact Student Central by email at askus@usask.ca or by telephone at (306) 966-1212.

2. APPLICANT INFORMATION

Last Name	First Name	Middle Name
U of S Student Number	Date of Birth (dd/mm/yyyy)	

3. CONTACT INFORMATION

Address		City/Town	
Province	Postal Code	Tel:	Email:

4. UNIVERSITY EDUCATION

College/Program enrolled in for 2009-2010	Are you studying on a reduced course load*? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Reduced course load is available to students with permanent disabilities. These students are enrolled in 40-59% of a full course load in each term, but are considered full-time students. Please provide documentation of registration with Disability Services for Students or a letter of support from a doctor.

5. FINANCIAL NEED CALCULATOR

In order to be considered for this award, applicants are required to complete and submit the online Financial Need Calculator. Please go to sesd.usask.ca/need/continuing and use your NSID and password to log in. Dependent students will be required to have their parents complete a portion of the Financial Need Calculator form.

- Yes, I have completed the online Financial Need Calculator form.
- No, I have not completed the online Financial Need Calculator form.

Please indicate reason:

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6. SUPPORTING DOCUMENTATION

Applicants are required to submit professional documentation confirming their disability. A letter from the student indicating registration with Disability Services for Students (DSS) is considered acceptable documentation.

- Yes, I have attached documentation verifying my disability to this application form.
- No, I have not attached documentation verifying my disability to this application form.

Please indicate reason:

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7. RELATIONSHIP DECLARATION AND ASPA MEMBERSHIP DISCLOSURE AUTHORIZATION

ASPA Member's Full Name	ASPA Member's Employee ID Number	Relationship (e.g. Father-Son)
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I declare that the above relationship between said ASPA member and the immediate family member applying for the University of Saskatchewan Administrative & Supervisory Personnel Association Bursary is true in all respects and I allow the University of Saskatchewan Human Resources Division to release information to the Student Financial Assistance & Awards office regarding the verification of my membership in ASPA. All information on this form remains confidential and is used for award purposes only

ASPA Member's Signature	Date (dd/mm/yyyy)
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8. APPLICATION DECLARATION

All information on this form remains confidential and is used only for awards purposes.

I declare that I have answered all questions applicable to me and that the answers given by me in this application are complete and true in all respects. I understand that if I misrepresent myself on this application, I am subject to disciplinary action under the University's Regulations in Student Academic Dishonesty. I understand that the University may change at its discretion the values and availability of awards, and policy and procedures with regard to the administration of the awards for which I have applied. I give permission for my name to be released to the donor of any award I may receive.

Signature	Date (dd/mm/yyyy)
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