Post-Secondary Education & Training

Disability Support Request Form

Students who require additional supports as a result of a permanent disability may request up to $1000 per academic year. Proof of diagnosis must be attached to this application.

APPLICANT INFORMATION

Name of Student: _____

Phone Number: _____ E-mail: _____

Institution Name: _____

Program of Study: _____

Description of the Disability: _____
_____

What type of supports are you requesting and how will these items assist you in your studies?

_____

_____

_____

Are you receiving funding towards any of the disability support items listed above from any other sources? (ie. Canada Student Loans, your institution, etc)? If yes, please list who and the amount being provided.

_____

Student Signature: _____ Date: _____

Attachments Required: ☐ **Written Diagnosis** ☐ **Price List for Items Requested**

Requests to be Submitted to Employment & Training Officer:
PO Box 599 Dawson City, YT Y0B 1G0 / Fax: 867-993-6553 / E-mail: natalja.blanchard@trondek.ca
*Please note: Requests may take up to two weeks to process