

# 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.:	E-mail:

How long have you been a resident of Nova Scotia?

### Study Information

High School Completion:	Year of Completion/Departure:
<input type="checkbox"/> Yes <input type="checkbox"/> 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):
<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Course Load (number of courses):	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other (i.e., 1/2 courses):	
Academic Year Begins: (dd/mm/yyyy)	Academic Year Ends: (dd/mm/yyyy)

### Nature of Disability

<input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Other (please elaborate):
How long have you had this disability?

## Needs Assessment

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

NS Provincial Access Grant for Students with Permanent Disabilities:

Yes  No If yes, please indicate amount: \$

Canada Access Grant for Students with Permanent Disabilities:

Yes  No If yes, please indicate amount: \$

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.)

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### 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.

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### Send all application information to:

#### Scholarship Committee

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

Tel: (902) 429-4090

Fax: (902) 429-7481

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE APPLICATION DEADLINE IS JULY 15.**