



APSEA BVI TRUST FUND - APPLICATION FOR FINANCIAL AID POST-SECONDARY TRAINING IN ANY FIELD RELATING TO SERVING CHILDREN AND YOUTH WHO ARE BLIND OR VISUALLY IMPAIRED

A maximum of \$10,000 is awarded annually for scholarships and bursaries in accordance with these guidelines. **Applications must be supported by evidence of acceptance into a post-secondary program, current transcript, and three letters of reference (character, academic and one other). All supporting documents must be attached. Incomplete applications will not be considered.** APSEA scholarships may be awarded to a person studying at a post-secondary level in any field that will further develop their ability to work with children and youth who are blind or visually impaired.

Selection criteria:

- person must show potential for success in chosen program
- financial need
- person receiving this award may be required to work in Atlantic Canada provided employment opportunities are available

Completed applications with supporting documentation must be submitted by **April 1st** to:

Director, Programs for Students who are Blind or Visually Impaired
Atlantic Provinces Special Education Authority (APSEA)
5940 South Street, Halifax, NS B3H 1S6
Fax # 902-423-8700

Personal Information

Applicant's Name			
Address			
Telephone #		E-mail	
Are you a Canadian Citizen/Landed Immigrant?			

Academic Information

Proposed Program of Study	
Name and Address of Educational Institution	
Year of Study	
Anticipated Date of Graduation	
Current Academic Average	

Additional Information

How will this program enhance your ability to work with children and youth who are blind or visually impaired?

Proof of Cost: Briefly describe why you need financial aid to continue your studies.

I hereby certify the information on this application is true and complete to the best of my knowledge.

Our average total household income in each of the past two years has been:

- less than \$40,000 per year
- \$40,000-\$75,000 per year
- more than \$75,000 per year

I agree that, upon request, I will provide copies of financial documents (e.g., completed income tax forms).

I confirm that without the support available through this application, it will likely not be possible for the individual/group to participate in the identified activity.

Parent/Guardian Signature

Date

Signature of Applicant

Date