



# RICHMOND CENTRE FOR DISABILITY

100-5671 No. 3 Road, Richmond, B.C. V6X 2C7  
Tel: 604-232-2404 Fax: 604-232-2415 www.rcdrichmond.org

## Application for Richmond Lion's Club Technology Scholarship for Students with Disabilities

### APPLICANT INFORMATION

First Name	Last Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		
City, Province	Postal Code	Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/>
Telephone Number	Email	
Institution Attending	Course Attending	Course Duration

### DISABILITY INFORMATION

Type of Disability:  Physical Disability  Learning Disability  
 Deaf or Hard of Hearing  Blind or Vision Loss  
 Other (e.g. head injury, mental illness). Please specify: \_\_\_\_\_

### USE OF TECHNOLOGY SCHOLARSHIP

Please describe the use of scholarship, together with costs:

### DOCUMENTS SUBMITTED

Proof of attending a registered education institution  Two Support Letters for application   
 Other supporting documents  Please specify: \_\_\_\_\_

### APPLICANT'S DECLARATION

I require this scholarship to cover the cost of the educational accommodations related to my disability (disabilities) as noted above. I understand that I may be required to repay all or part of this scholarship if the information is found to be inaccurate for any reason or if my study period and/or my course load changes. I hereby agree to provide receipts, within 60 days of receiving my cheque, which will show that the Richmond Lion's Club Technology Scholarship fund was spent for their intended purposes. I will not receive financial assistance from any other source to cover these costs. I consent to any information on this application being relayed to the scholarship donor. I also agree to provide feedback on the effectiveness of the scholarship for my educational goal.

.....  
Signature

.....  
Date

### OFFICE USE

Date of Receipt:	Processing Date:
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Result: YES  NO  Scholarship Amount: \$ \_\_\_\_\_  
 Comments: