



Supporting Students through Accessible Technology and Mentorship Program

Introduction

Easter Seals is pleased to partner with Scotiabank, through its ScotiaRISE commitment, to offer financial grants and mentorship opportunities to students in Alberta who are currently in or who will be entering high school in Fall 2022.

Purpose and Objective

The grant and mentorship opportunity is intended for any student with a disability who is currently enrolled in or entering high school in Fall 2022. The objective of the scholarship is to help reduce financial barriers for the student as they progress and work towards completing high-school, and assist them in preparing for a successful transition into post-secondary education, or entry into the workforce.

As part of this unique opportunity, grant recipients will have the ability to participate in a year-long mentorship program from September 2022 to June 2023, where they will be paired with a volunteer mentor who can provide encouragement, guidance, and support for their studies, and in preparing for post-secondary studies, as well as summer jobs and/or transition to the labour force after graduating high school.

The scholarship recipient must be a resident of Alberta.

Value of Grant

The grants are valued at \$1000 per student. Students can apply the grant funding that is provided towards purchasing laptops, learning aids or other specialized/adaptive learning equipment, learning software, or tutoring and other costs required for school.

Application Process

Interested candidates are invited to submit their application, which will be reviewed by a selection committee of Easter Seals Alberta. Decisions are final. Candidates will be given consideration based on the following criteria:

- A resident of Alberta.
- Have a disability.
- Currently attending or will be attending high school in Fall 2022.
- Demonstrated commitment to academic process.
- Articulated plan for the future.
- Commitment to participate in mentorship to the best of their ability.



Supporting documentation for application:

The following documentation must be submitted with your completed application form:

- A typed, one-page letter from you in which you have outlined why you should be selected for the award. You may include information on motivation, scholastic commitment, initiative, extra-curricular activities, challenges faced (and overcome), financial need, and/or any other relevant information that you think would strengthen your application. Please include a picture that can be used for media purposes if required.
- Please indicate in your letter if you are a current or previously registered participant/client in a program offered by Easter Seals Alberta. If you are not a current or previously registered participant/client of Easter Seals Alberta, please include a document/letter from a medical physician, therapist or social worker outlining your disability.
- Documentation confirming that you are currently enrolled in high school.

Important Notes

The successful recipient will have the opportunity to:

- Participate in a year-long mentorship program (tentatively starting September to end of June 2023). Recipient will convene with the volunteer mentor designated to them at least once a month, or more if mutually agreed upon between the recipient and mentor.
- Complete a brief survey toward the end of the mentorship in June 2023 to help assess the value and impact of the mentorship program

The application form and all supporting documentation must be received by **September 2** to:

Scholarship Selection Committee: ScotiaRISE Program
c/o Easter Seals Alberta Accessibility Supports Program
accessibilitysupports@easterseals.ab.ca

Please remember to review the application form to ensure all information and supporting letters/documentation is provided. Ensure you keep a copy of the completed form for your files.

If you have any questions, please contact the Accessibility Supports team at accessibilitysupports@easterseals.ab.ca or 403-235-5662 ext 2.

PLEASE SEE NEXT PAGE FOR APPLICATION FORM



Application for the Supporting Students through Accessible Technology Grant and Mentorship Program

Name of Student:		Name of Parent/Caregiver (if student is under 18 years old):	
Student's Date of Birth:		Grade student will be in during Fall 2022:	
Mailing Address:			
City:	Province:	Postal Code:	
Parent/Caregiver's Email Address:		Phone Number:	
Student's Email Address:		Phone Number:	

Are you currently or have you previously participated in a program offered by Easter Seals Alberta:	Yes / No
If you answered 'Yes' to the question above, please indicate in the space below, the name of the program that you are currently or previously participated in:	
Are you currently in receipt of an academic scholarship or bursary from any other organization:	Yes / No

Indicate in the space below, the name and location of the school where you are currently enrolled or where you will be starting in Fall 2022, and what grade you will be in.
Briefly describe what you would use the financial grant for if you were selected?



Please indicate if you would like to participate in the mentorship opportunity, offered to all successful grant recipients:	Yes / No
If you selected 'No' to the mentorship opportunity, please indicate why you have selected 'No.' (If you selected 'Yes' to the question above, you can skip this question).	
If you selected 'Yes' to the mentorship opportunity, please indicate any accessibility accommodations that you require in order to participate in the mentorship. <i>E.g. Hearing impaired and will need to meet by video/online with LIVE captioning or mentor with ASL.</i>	
What ways would you prefer to communicate with your volunteer mentor? <ul style="list-style-type: none"> • Online video/phone meeting (e.g. Zoom): Yes / No • Phone: Yes / No • Email: Yes / No 	

Supporting documentation:

Please remember to attach the following supporting documents with your application.

1. Cover Letter outlining why you should receive this grant
2. A letter/copy of email or documentation from a healthcare professional (e.g., doctor or therapist) attesting to your disability

Declaration

I certify that the information provided in the application is accurate and true.

 Signature of Applicant
 (Parent/Caregiver if Student is under 18 y/o)

 Date