Ontario

Ministry of Training, Colleges and Universities

Information and Instructions

2008-2009 Aird Scholarship

This application is also available on the World Wide Web at http://osap.gov.on.ca/eng/not_secure/aird.htm

GENERAL INFORMATION

In 1985 the Government of Ontario created the Aird Scholarship in honour of the Honourable John Black Aird on his retirement as Lieutenant-Governor of Ontario.

The scholarship is intended to help students with physical disabilities to study full time at a recognized Ontario postsecondary institution. It is hoped that the award will encourage a special talent or lifelong interest.

The scholarship is granted each year to two applicants who demonstrate outstanding scholastic achievement, motivation, and initiative. Each successful applicant receives $2,500.

ELIGIBILITY

To be eligible you must:

- have a physical disability that is a major, longterm impairment that severely restricts your activities;
- be a Canadian citizen, a permanent resident, or a protected person;
- be an Ontario resident. You are considered an Ontario resident if you have lived in Ontario for at least twelve consecutive months immediately preceding your registration in a postsecondary program in September 2008. This period may include time spent at an educational institution outside Ontario;
- plan to register in September 2008 in the **first year** of either an undergraduate degree program at a recognized Ontario university or a two- or three-year certificate program at a college of applied arts and technology or private postsecondary institution in Ontario;
- **not have previously received an Aird Scholarship.**

APPLICATION PROCEDURE

Application Deadline

The application form and all supporting documentation must be submitted by **April 25, 2008**, to:

Aird Scholarship Selection Committee
Ministry of Training, Colleges and Universities
Student Support Branch
PO Box 4500
189 Red River Road, 4th Floor
Thunder Bay ON P7B 6G9

Telephone: 1-800-465-3957 (toll-free)
or (807) 343-7257

Telephone Device for the Deaf: 1-800-465-3958

Supporting Documentation

You must submit the following documentation with your completed application form:

- a photocopy of proof of citizenship. Acceptable proof is a Canadian birth certificate, a certificate of Canadian citizenship, a Canadian Immigration Record, a protected person status document;
- a photocopy of your Social Insurance Number card;
- a copy of your secondary and, if applicable, postsecondary transcripts;
- any interim marks that are available before the deadline date. To be considered valid, interim marks must be submitted on school letterhead and authorized by a school official;
- a typed, one-page letter from you in which you have outlined your qualifications for the award, including scholastic achievement, motivation, and initiative.

In addition, you must ensure that the following references are submitted by the deadline date:

- Report 1 (see form attached) – an academic reference from your secondary school principal or postsecondary institution professor;
- Report 2 (see form attached) – a personal reference from an individual who is familiar with your extracurricular activities and outstanding characteristics;
- Report 3 (see form attached) – a medical assessment from a qualified medical doctor in which your ability to undertake the proposed study program is indicated.

Note: Under the Ontario Freedom of Information and Protection of Privacy Act, the use of Reports 1, 2, and 3 is mandatory. Other forms or letters will not be accepted as substitutes.

It is your responsibility to ensure that all documents, including Reports 1, 2, and 3, are submitted to the ministry by the deadline date. The ministry is not responsible for lost or incomplete applications. Applications with incomplete supporting documentation will not be considered.

SELECTION PROCEDURE

A selection committee consisting of at least three people from the academic community and social services sector will meet in June 2008 to choose the successful applicants. Each applicant's motivation and academic potential will be assessed. You will be informed in July 2008 about the success of your application.

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Ministry of Training, Colleges and Universities

Application Form

2008-2009 Aird Scholarship

Personal Information

Last name	First name and middle initial	Social Insurance Number

Permanent address (number and street)	Apartment

City, town, or post office	Province	Postal code	Area code and telephone number

Citizenship status

☐ Canadian citizen ☐ Permanent resident ☐ Protected person

Have you been an Ontario resident for the last 12 months?

☐ Yes ☐ No (Time spent studying at a postsecondary institution outside Ontario can be included as residency time in Ontario.)

First language

☐ English ☐ French

In which language do you prefer to receive correspondence?

☐ French ☐ English

Proposed Program of Study

Name of institution	Program	Expected starting date	Expected date of completion	Certificate, diploma, degree expected

Will you be entering the **first** year of your proposed program of study? ☐ Yes ☐ No

Educational History

Name of high school or postsecondary institution	Program	Dates		Certificate, diploma, degree obtained
		From	To	

Additional Information

Describe the type and extent of your disability.

Describe your extracurricular activities and interests.

Outline briefly your career plans.

Names of persons who are completing Reports 1, 2, and 3

Report 1

Report 2

Report 3

In accordance with subsection 39(2) of the Ontario Freedom of Information and Protection of Privacy Act, this is to advise you that the personal information collected on this form will be used only for the proper administration of the Aird Scholarship. For the purpose of verifying the application and any award, the personal information may be disclosed to any educational institution, the federal government, and ministries of the Ontario government. The information is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19. Any questions should be addressed to the Ministry of Training, Colleges and Universities, Student Support Branch, Fellowships, PO Box 4500, Thunder Bay ON P7B 6G9; telephone: (807) 343-7257.

Applicant's signature

Date

Ontario

Ministry of Training, Colleges and Universities

Report 1
Academic Reference

2008-2009
Aird Scholarship

To be completed by secondary school principal or postsecondary institution professor

This form must be received by **April 25, 2008**, by the Ministry of Training, Colleges and Universities, Student Support Branch, Fellowships, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

Note: Under the Ontario Freedom of Information and Protection of Privacy Act, the use of this document is mandatory.

Name of applicant

Name of reference

Title of reference

Institution

In this section, please outline the applicant's qualifications for the Aird Scholarship.
Please type or print clearly. You may choose to attach a separate sheet.

Under the Ontario Freedom of Information and Protection of Privacy Act, the ministry has responsibilities respecting the proper collection, retention, use, and disclosure of personal information. The personal information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19, and is used by the ministry to administer all aspects of the Aird Scholarship. Because this report contains personal information about the applicant, the information may be disclosed to the applicant upon request. Any questions should be addressed to the Ministry of Training, Colleges and Universities, Student Support Branch, Fellowships, PO Box 4500, Thunder Bay ON P7B 6G9; telephone: (807) 343-7257.

Signature of reference

Date

Ontario

Ministry of Training,
Colleges and Universities

Report 2
Academic Reference

2008-2009
Aird Scholarship

To be completed by individual who is familiar with applicant's extracurricular activities and outstanding characteristics

This form must be received by **April 25, 2008**, by the Ministry of Training, Colleges and Universities, Student Support Branch, Fellowships, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

Note: Under the Ontario Freedom of Information and Protection of Privacy Act, the use of this document is mandatory.

Name of applicant

Name of reference

Relationship to applicant

In this section, please outline the applicant's qualifications for the Aird Scholarship.
Please type or print clearly. You may choose to attach a separate sheet.

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Signature of reference

Date

Ontario

Ministry of Training, Colleges and Universities

Report 3
Medical Assessment

2008-2009
Aird Scholarship

To be completed by medical doctor

This form must be received by **April 25, 2008**, by the Ministry of Training, Colleges and Universities, Student Support Branch, Fellowships, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

Note: Under the Ontario Freedom of Information and Protection of Privacy Act, the use of this document is mandatory.

Name of applicant

Name of doctor

Address of doctor

In this section, please describe the type and extent of the applicant's disability.
Please type or print clearly. You may choose to attach a separate sheet.

In this section, please evaluate the applicant's functional disability in relation to his or her ability to undertake the proposed program of study.
Please type or print clearly. You may choose to attach a separate sheet.

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Signature of doctor

Date