

# Learning Support for Persons with Disabilities (LSPD)

## Application Form for Individuals

Please use the check list at the end of the application to make sure you have included all the documents that the LSPD Committee needs in order to review your application.

<b>Section 1. Applicant Contact Information</b>			
Name:			
Date of Birth:			
Gender:	Male:	Female:	Other:
Permanent NWT Address:			
Current Address (if different from address above):			
Check box if you are a permanent NWT resident at the time of application.			<input type="checkbox"/>
Phone (day):		Phone (evening):	
E-mail:			

Alternate contact person (if required):	Name:	
	Phone:	
	E-mail:	

## Section 2. Educational Background

Highest Grade Achieved:	
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Have you had supports in place to help you reach your educational goals while in school, such as:

<input type="checkbox"/> I.E.P. (Individual Education Plan)	<input type="checkbox"/> S.S.P. (Student Support Plan) modified or accommodated program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Other
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What other training have you taken? Please name the courses/workshops:

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Have you been funded by LSPD for learning supports/training in the past? If so, please list the courses below:

Course:	
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<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	If incomplete, briefly explain. What supports may have helped you be more successful?
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Course:		
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	If incomplete, briefly explain. What supports may have helped you be more successful?
<b>Section 3. Work Experience</b>		
Have you been employed in the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe your employment in the last 3 months:		
How many hours a week did you work?		
How much were you paid per hour?		
Have you worked in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe your past employment:		
Employment 1:		

Employment 3:	
Are there other types of activities that you are currently involved in, such as volunteering, clubs, crafts, activities on the land, etc.?	

<b>Section 4. Personal Learning Plan</b>
<p>What are your learning goals? You may choose more than one.</p> <p><input type="checkbox"/> further your education</p> <p><input type="checkbox"/> increase daily living skills</p> <p><input type="checkbox"/> obtain future employment</p> <p><input type="checkbox"/> other (please explain)</p>



## Section 6. Financial Information

Are you eligible to receive or are you receiving money for this learning experience from any other source ( e.g., Employment Insurance, Workers' Safety and Compensation Commission, Income Security, Opportunities Fund, Student Financial Assistance, Health and Social Services, or funding from an Aboriginal claimant group, other)? If yes, please provide details:


How much money are you able to contribute towards this learning experience?


## Section 7. Budget Worksheet

Please provide proof of the cost of the items (e.g., confirmation letters, fee schedules, quotes for goods and services, etc.)

Item	Cost
Educational assessments: (needed for this learning experience)	
Assistive technology:	
Assistive devices or aids:	
Tuition and fees:	
Required books or supplies:	
Tutoring or scribe services:	
Transportation (lowest cost round trip option): (plane & cab x2)	
Basic living expenses:	
Other: Meal Plan (\$142.50 /week x 38 weeks)	
Other:	
<b>Total amount requested from LSPD:</b>	

If you are accepted for funding you will be contacted, by the NWT Disabilities Council, at 3 months and 12 months after your program ends to find out how the program has helped you in the areas of employment, further education and general well-being.

Thank you for agreeing to help us collect this important information.

It will help us improve our service, in order to serve you better in the future.

I declare that the information given in this application form and the documents submitted in support of this application form are true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Section 8: Application Checklist for Individuals

In order for the LSPD Committee to review your application, make sure you include all of the following documents:

### Documents required for all applications:

- Completed application form, including Budget Work Sheet

Two letters of support:

- At least one letter must be from a health care professional confirming your disability
- The second letter can be from a health care professional or an educator, disability organization, tutor, social worker, wellness worker, etc.

### Documents required if they apply to your application:

- Copy of acceptance letter from your school
- Curriculum or outline of the program you want to study
- Fee schedule from your school
- Resume of tutor
- Quote(s) for requested equipment and supplies (at least 2 for each item, when possible)

### Submit application to:

#### **NWT Disabilities Council**

Lower Level of the Scotia Center  
Suite 116, 5102 50<sup>th</sup> Avenue  
Yellowknife, NT X1A 3S8  
Phone: (867) 873-8230  
Toll Free: 1-800-491-8885