

Application for Canada Student Grant for Services and Equipment (CSG DSE)



.....
To apply for the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE), please complete this form in collaboration with a qualified disability service officer (e.g. rehabilitation services case worker, accessibility counsellor/coordinator/specialist, etc.).

Student Name: (Please Print) _____ **File #:** _____

School: _____ **Study Period:** _____

DEADLINE: Mid-point of your study period: _____.

Submit completed form by mail or email to:

Manitoba Student Aid
401 – 1181 Portage Ave
Winnipeg, MB R3G 0T3
ManitobaStudentAid@gov.mb.ca

NOTE:

- Forms submitted may take up to six (6) weeks to process.
- Forms submitted past the deadline may not be processed due to insufficient processing time.
- Outstanding overawards from previous applications will require additional processing time.
- Funds cannot be released after the study period ends.

All information provided to Manitoba Student Aid is subject to verification and audit.

Manitoba Student Aid
General Inquiry Line: 204-945-6321
Canada and the USA Toll-Free: 1-800-204-1685
In Person, Mail or Drop Off: 401-1181 Portage Ave, Winnipeg, Manitoba R3G 0T3
Email: ManitobaStudentAid@gov.mb.ca

To be completed by a qualified disability service officer (in collaboration with student)

To be completed by a qualified disability service officer (in collaboration with student)

SERVICES & EQUIPMENT	No. of Courses	X	Hours per Course	=	Total Hours	X	Rate per Hour	=	Amount Requested	Amount Approved (Office use only)	
Tutor Select Type: <input type="checkbox"/> peer tutor <input type="checkbox"/> specialized tutor *2 hours max per week per course allowed *Attach list of courses for entire study period	_____	X	_____	=	_____	X	_____	=	_____	_____	
Tutor Select Type: <input type="checkbox"/> peer tutor <input type="checkbox"/> specialized tutor	_____	X	_____	=	_____	X	_____	=	_____	_____	
Note Taker *Attach list of courses for entire study period	_____	X	_____	=	_____	X	_____	=	_____	_____	
Proctor *Attach list of courses for entire study period	_____	X	_____	=	_____	X	_____	=	_____	_____	
Interpreter	_____	X	_____	=	_____	X	_____	=	_____	_____	
Alternate Format	_____								=	_____	_____
Desktop Computer/Laptop/ Tablet	_____								=	_____	_____
Specialized Equipment	_____								=	_____	_____
Other	_____								=	_____	_____
Other	_____								=	_____	_____
Other	_____								=	_____	_____
Disability Assessment/Medical Form * Students are required to pay for disability assessments and the completion of medical forms used to verify a disability upfront and are eligible for reimbursement once a disability is confirmed. Any costs paid by third party insurance or other funding sources are not included in the reimbursement.	_____								=	_____	_____
Disability Assessment/Medical Form	_____								=	_____	_____
TOTAL									_____	_____	

Section B – FUNCTIONAL LIMITATIONS

To be completed by a qualified disability service officer (in collaboration with student)

NOTE: All questions are mandatory. Incomplete forms will be returned.

Clearly indicate how each of the exceptional education-related equipment and/or services requested will help the student overcome their disability related functional limitations in a post-secondary environment, as required by the Canada Student Financial Assistance Program (CSFAP). Please print clearly. If you require extra space, attach a letter with the additional information.

I, the undersigned, have discussed with the above-named student the exceptional education-related services and equipment they require as a result of their disability. I agree that the items listed on this form represent needs and costs to the best of my judgment.

Disability Service Officer Name & Title

Signature

Date (yyyy-mm-dd)

Email Address

Phone Number

NOTE: Electronic signatures, official watermarks or stamps are acceptable.

If I receive a grant for my disability-related education costs, I hereby agree to provide, by the end of my study period, **receipts** showing that funds were spent for their intended purposes.

Student's Signature

Date (yyyy-mm-dd)

NOTE: Electronic signatures, official watermarks or stamps are acceptable.