



Developmental Services of Leeds & Grenville

STUDENT AWARD APPLICATION

Name: _____ **Tele. :** _____

Mailing Address: _____

Please check below as it applies to your course of studies:

<input type="checkbox"/> College	<input type="checkbox"/> University (Undergraduate/graduate)
<input type="checkbox"/> BST <input type="checkbox"/> SSW <input type="checkbox"/> CYC <input type="checkbox"/> ECE <input type="checkbox"/> DSW <input type="checkbox"/> Mental Wellness & Addictions	<input type="checkbox"/> B.A.A. Behavioural Psychology <input type="checkbox"/> Bachelor of Arts in Early Childhood Education <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Nursing <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Social Work

Name of College/University you will be attending (*proof of acceptance must be attached*):

Developmental Services of Leeds & Grenville provides clinical and support services to enable individuals with a developmental/intellectual disability to reach their potential. Services focus on “enhancing abilities, promoting independence, and advocating for inclusive communities”. Awards are available to first year students registered in post secondary education in a program related to the field of developmental disabilities (as noted above).

Personal and Career Goals (*attach to application*): Describe what has motivated you to select your career path and include any previous educational, employment, volunteer, student placement and personal experiences that may have contributed to your decision. Please include your future plans and state why you believe you are a candidate to receive an award.

Please ensure you have attached the following:

1. Proof of Acceptance to College/University
2. At least two letters of reference
3. An official school transcript of final year credits
4. Personal and career goals

Deadline for Applications is June 15th (*annually*)

Mail/Drop-Off: *Executive Director, DSLG, P.O. Box 1688, (61 King St. East) Brockville, ON K6V 6K8*

Fax/E-Mail: *613-345-1685 / lostler@dslg.ca*