



Developmental Services of Leeds & Grenville

STUDENT BURSARY AWARD APPLICATION

Name: _____

E-Mail Address: _____ **Phone:** _____

Mailing Address (including postal code): _____

Secondary School Attending: _____

Please check below as it applies to the post secondary program you will be attending in September:

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

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”.

Name of College/University you will be attending (must be registered in first year of the program, or a graduate program to apply): _____

Personal and Career Goals (attach to application): Describe what has motivated you to select your career path and include any 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 your application should be selected to receive a bursary award.

Please ensure you have attached the following:

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

Deadline for Applications: 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