

Easter Seals New Brunswick & ScotiARISE AT Application

Easter Seals New Brunswick has collaborated with Scotiabank to support students with disabilities in **Grade 11 and Grade 12** to graduate from high school. Anything a student needs to support them in graduating from high school such as: laptops, specialized technology, mobility equipment, hearing / visual devices, learning aids, Tutoring, this is just to name a few. Successful applicants to this program will be matched with a volunteer mentor from Scotiabank. This mentor will begin working with the successful applicant in **September 2022**. Successful applicants will also be asked to provide a testimony; this testimony will be shared with the funding source and will not be shared with the public.

Part A: General Information

Applicant's Name: _____ Medicare Number: _____

Address: _____ City: _____ Postal Code: _____

Home #: _____ Cell #: _____ E-mail: _____

Date of Birth: ____/____/____ Next of Kin: _____ Relationship: _____
 DD MM YY

Contact Info for Next of Kin: Home: _____ Cell _____ Email: _____

Please indicate applicant's disability/disabilities:

- Hearing Vision Speech Mobility
- Intellectual Learning Mental Health Other (specify)

1) What grade is the applicant entering in Fall 2022? _____

2) What school is the applicant attending in Fall 2022? _____

3) Does the applicant require any accommodations to partake in the mentorship portion of this program?

Yes No **If yes, please provide details:** _____

4) How would you like to communicate with your mentor? Online video (Teams/Zoom) Phone Email

PHOTO SHARING CONSENT:

I, _____, the applicant/guardian agree that if I am to provide a photo accompanied with a written testimony that this photo may be shared with the funding organization.

Applicant (or Guardian if under 18) Signature: _____ Date: _____

Part B: Equipment Information

Professional Recommendations:

Item	Description	Rationale

Provider Name: _____ Profession: _____

Signature: _____ E-Mail: _____

Date: _____

SHIPPING INSTRUCTIONS: PLEASE NOTE: ESNB CANNOT SHIP TO A PO BOX

(same as client address)

Ship to: _____ Telephone Number: _____

Street Address: _____ City _____ Postal Code: _____

APPLICANT DECLARATION

- I give my permission to share personal information with Scotiabank and Easter Seals Canada only as it pertains to the processing of my application.
- I have carefully read, and fully understand, the eligibility criteria for funding as described
- I confirm that, to the best of my knowledge, the statements in this application are complete and accurate.
- I agree that, if approved, I will provide a written testimonial detailing the benefits of the services received by **May 20th, 2023**

Applicant (or Guardian if under 18) Signature: _____ Date: _____

Please send all applications to:

**Easter Seals New Brunswick
65 Brunswick St
Fredericton, NB
E3B 1G5
Phone: (506)-458-8739
Fax: (506)-457-2863
Email: info@easterseals.nb.ca**

***Please retain a copy of your application for your records. Thank you**