



## Indigenous Support for Student Learning Program (SSLP)

The BC Aboriginal Network on Disability Society (BCANDS) is now offering the Indigenous Support for Student Learning Program (SSLP). The SSLP is a time-limited project for Indigenous students who have limited financial resources, including those living with disabilities. We are accepting applications for students who are enrolled in Formal education (either online, remote, or on-site learning) to receive a laptop and accessories.

### Our Goal:

- Assist Indigenous students' continued participation and success in their education, and eventually, in their future employment

### Am I Eligible?

- Applicants must be enrolled in Formal education at any level from kindergarten to post-secondary OR taking courses through an accredited institution, AND be actively attending
- Applicants must be of Indigenous ancestry
- Applicants must not have received/be receiving any other support for equipment from Nation, community, or other organization/program
- Applicants must be a Canadian resident
- Applicants must be low-income OR
- Applicants identify as living with a disability AND be low-income

*“Persons with disabilities,” for the purposes of student financial aid, is defined as “those who have long-term physical, mental, intellectual or sensory impairments which in the interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”<sup>1</sup>*

### Acceptable Documentation to demonstrate financial need (for applicant or parent/legal guardian)

Please include proof of/an approval statement from any one of the following:

- Federal or provincial/territorial Student Loan
  - Any Federal or provincial/territorial Income Assistance
  - Any Federal or provincial/territorial Disability Assistance
  - Canada Child Benefit (parent or legal guardian)
  - Most recent Income Tax Notice of Assessment prepared by Canada Revenue Agency (CRA)
- ➔ If these options are not available and you meet all of the eligibility criteria, provide thoroughly describe your situation under Section 3 B (*Demonstrate Financial Need*)

All information in the applications must be fully completed for consideration (Sections 1-6). BCANDS will verify the applicant's enrolment, attendance (online, remote, or in-class), and financial need. BCANDS reserves the right to refuse any application and determine the level of support approved. BCANDS will prioritize approvals based on the information provided in the application, the demonstrated need, and the date received. Applicant's receiving support from their Nation, community, or another organization/program in relation to equipment (computers) for their ongoing participation in school may be deemed ineligible.

Applications will be accepted on an ongoing basis. Applications must be received by BCANDS no later than March 15th, 2021 for consideration. However, due to the limited financial resources available and high demand, we recommend that applicants submit their completed application as early as possible. Late applications will not be reviewed. Call for applications will be closed in event that the project's resources have been fully expended prior to the **March 15, 2021 deadline**. If you need assistance with the application or have questions, please contact us.

Please keep this page for your records.

<sup>1</sup> Definition from the United Nations Convention on the Rights of Persons with Disabilities



# British Columbia Aboriginal Network on Disability Society

#6-1610 Island Highway — Victoria, BC — Canada — V9B 1H8  
Tel: 250-381-7303 — Toll Free: 1-888-815-5511 — Fax: 250-381-7312  
Email: [sslp@bcands.bc.ca](mailto:sslp@bcands.bc.ca) — [www.bcands.bc.ca](http://www.bcands.bc.ca)

## Section 1: Applicant Information

Full Name:

\_\_\_\_\_  
First Last M.I.

Parent or Guardian Name: (if applicable)

\_\_\_\_\_  
First Last M.I.

Date of Birth:

\_\_\_\_\_  
(MM/DD/YYYY)

Mailing Address for Equipment Distribution:

\_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City/Town Province Postal Code

Phone Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

Age: (any age is eligible)

\_\_\_\_\_

Gender:

\_\_\_\_\_

How do you identify:

First Nations (Status)  Inuit   
First Nations (Non-Status)  Métis

Are you living with a disability?

YES  NO

→ If yes, please briefly describe your disability and its effects:

\_\_\_\_\_

Are you a Canadian Citizen?

YES  NO

Are you employed while attending school?

YES  NO

→ If yes: Full-time  Part-time

## Section 2: Enrolment Verification

All information provided in this section will be verified by BCANDS.

Name of School:

\_\_\_\_\_

School Address:

\_\_\_\_\_

Number of classes enrolled in & attending:

\_\_\_\_\_

Full-time/ Part-time Program:

\_\_\_\_\_

Program Start Date (MM/DD/YYYY):

\_\_\_\_\_

Student ID # (if applicable):

\_\_\_\_\_



**Section 3: Eligibility Criteria**

You must meet ALL of the following criteria to proceed and be considered for the SSLP. This information will be verified.

- A) I confirm that I am an Indigenous student with limited financial resources, including those living with a disability
- I confirm that I am an Indigenous student who is enrolled, and actively attends classes in a Formal educational institution (either online, onsite, or remotely)
- I confirm that I have not received other support or similar funding for technology equipment (laptops/tablets) from another program or my community

Why are you applying for the BCANDS Support for Student Learning Program (SSLP)? Please describe your current financial and educational situation, and how this program and provided computer will improve your ability to participate in your education: (please attach additional pages if you need more room)

**B) DEMONSTRATE FINANCIAL NEED:**

Please describe your limited financial means:

Do you receive (select ALL that apply):	YES	NO	Benefit Name(s):
Federal Income or Disability Assistance	<input type="checkbox"/>	<input type="checkbox"/>	→ If yes, indicate benefit name(s) _____
Provincial/territorial Income or Disability Assistance	<input type="checkbox"/>	<input type="checkbox"/>	→ If yes, indicate benefit name(s) _____
Are you a Parent/Guardian of a student receiving Income or Disability Assistance?	<input type="checkbox"/>	<input type="checkbox"/>	→ If yes, indicate benefit name(s) _____
Other means of financial assistance:	_____		

**INCLUDE DOCUMENTATION TO DEMONSTRATE FINANCIAL NEED WITH APPLICATION**  
See Page 1 for list of Acceptable Documentation



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## Section 4: References

All information provided in this section will be verified by BCANDS. Contact information must be affiliated with your educational institution AND/OR community.

If possible, have your community contact provide a signed letter (included) verifying you have not received other funding.

### Admissions Contact at Educational Institution

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### Community Staff OR Chief and Council Contact (if possible)

Name of Indigenous Community: \_\_\_\_\_ Position: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

## Section 5: Equipment Requirements

The Support for Student Learning Program (SSLP) intends to maximize available funds and will prioritize applicants based on level of need for the available resources provided through the program.

Please provide your software requests, though we cannot guarantee that you will receive your requests.

Hardware and software requests: Laptop  Wireless Mouse  In-ear Headphones   
Other specialty software requirements: (e.g. screen reader, speech-to-text, dictation software, etc.)

## FOR DEPARTMENT USE ONLY – do not fill out

Date received: \_\_\_\_\_ Approved: YES  NO   
Enrolment verified: YES  NO  Documentation included / Financial Need demonstrated: YES  NO   
Sent Computer (and accessories): YES  NO  Date Deployed: \_\_\_\_\_



## Section 6: Disclaimer and Signature

I authorize the release of information included in this application form to BCANDS for the purpose of eligibility verification for the student technology and resource funding.

I. I understand that:

- a) I am applying for technology equipment (computer and accessories) under the publicly-funded Support for Student Learning Program (SSLP)
- b) It is my responsibility to ensure that all of the information provided on and with this application is true and complete, and I have not made any false or misleading statements on this application.
- c) Incomplete or inaccurate information, or any attempt to access this funding by fraudulent means will result in my disqualification from the SSLP and related services.
- d) BCANDS reserves the right to refuse an application and to determine the level of support approved as determined through my provided information and described need.
- e) BCANDS may need to collect additional information about me to determine my eligibility for the SSLP or verify information provided in the application and related documentation.
- f) This program is dependent on available funding, and that BCANDS cannot ensure everyone in need receives adequate equipment and software.

II. If I am approved for the SSLP program:

- a) I understand that the provided equipment (computer and accessories) is for the intended purpose of enabling my continued and successful educational outcomes, and for eventual future employment.
- b) I will exercise due care of any and all items provided to me, and use them solely for their intended purpose. I will not install or have installed any software or hardware that could interfere with the equipment's functionality or intended purpose.
- c) I understand that BCANDS is not responsible for any additional expenses or services. All technological services provided through the SSLP will include a standard system software and are provided based on availability.
- d) I understand that any updates, repairs, additional software, subscriptions, or otherwise that are required are my sole responsibility. BCANDS will not provide ongoing costs associated with the provided equipment or software (e.g. Internet services, subscriptions, software, etc.).

I give BCANDS permission to contact myself, and the references provided in order to verify program eligibility:

Applicant Signature:  X \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Parent/Guardian Signature:  X \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_  
(MM/DD/YYYY)

### PLEASE EMAIL, MAIL, OR FAX YOUR APPLICATION TO BCANDS:

**Mail:** #6-1610 Island Highway  
Victoria, BC  
V9B 1H8

**Email:** [sslp@bcands.bc.ca](mailto:sslp@bcands.bc.ca)

**Fax:** 250-381-7312



## Section 7: Optional Additional Information

The information collected in this section will **NOT** be used towards your application approval process. It will be used for BCANDS' internal research and engagement purposes only.

Any information provided in this section will be collected **anonymously**.

Answering the questions in this section are **optional**, but we appreciate any information you are willing to provide!

1. As an Indigenous student and/or Indigenous student with a disability (or parent/guardian), what are the biggest barriers to accessing and continuing your education? (i.e., access to buildings, discrimination and stereotypes, information technology, communication, outdoor spaces, transportation, etc.)

2. A) Has the COVID-19 pandemic created or enhanced any barriers that make it challenging to access or remain in school?

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

B) If you agree, how so?