



**Graduate Students' Association**

Local 78, Canadian Federation of Students

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# GSA ACCESSIBILITY GRANT APPLICATION FORM

*Funded and Administered by GSA Carleton Inc.*

The primary purpose of the Accessibility Fund Committee is to recommend the distribution of monies set aside in the Accessibility Fund. The Fund will be administered solely by the GSA and will be used for the following:

- to pay for attendant care for Carleton University graduate students with disabilities at GSA functions or at other academic events where such attendant care is not covered by other organizations, and;
- to fund projects which will improve the accessibility of facilities at Carleton University used by graduate students.

*Funding Approval*

- If an application for funding is for less than \$750.00, it must be approved by no fewer than two (2) members of the committee, one of whom must be the chair.
- If an application for funding is for more than \$750.00, it must be approved by committee decision.

**FOR OFFICE USE ONLY:**

DATE RECEIVED	REVIEWED BY OA/DATE
COMMENTS	AG19-

**FOR ACCESSIBILITY COMMITTEE USE ONLY:**

ACCESSIBILITY COMMITTEE		
MEETING DATE	REVIEW	COMMENTS
VP FINANCE	REQUISITION #	AMOUNT AWARDED

*This page to be completed by the student. Please print legibly!*

**PERSONAL INFORMATION**

SURNAME

GIVEN NAME(S)

STUDENT #

DEPARTMENT

DEGREE PROGRAM

LOCAL STREET ADDRESS

CITY

POSTAL CODE

PHONE

EMAIL ADDRESS

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*The following documentation must be included:*

**DOCUMENTATION     Check if Attached**

In the case of attendant care, all relevant documents pertaining to the description and/or costs of care.   

In the case of a project, all relevant documents pertaining to the description of the project including the budget.

All other relevant documentation pertaining to the accessibility grant request.

Please explain:

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**PROPOSED USE OF ACCESSIBILITY GRANT** *(Attendant care or project)*  
*Please provide a detailed explanation including costs and/or a budget*



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**I understand the terms and conditions of this accessibility grant as outlined above. The information on this application and in the documentation I have provided is true and correct to the best of my knowledge. I understand that GSA Carleton Inc. reserves the right to request repayment of any funds disbursed under this policy and/or pursue legal action in the recovery of such funds if GSA Carleton Inc. is of the opinion that I have provided false information in this application.**

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SIGNATURE

DATE

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