

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 through the Accessible Technology & Mentorship Program. This can be done by providing laptops, specialized technology, mobility equipment, hearing / visual devices, learning aids, and tutoring, just to name a few options- Anything a student needs to support them in graduating high school. Mentorship is not mandatory, and mentorship opportunities are limited; however, successful applicants to this program will be matched with a volunteer mentor from Scotiabank who will begin working with the student in September or October of 2024. 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 2024? _____

2) What school is the applicant attending in Fall 2024? _____

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 9th, 2025**

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**