

APPLICATION FOR IPAD BURSARY



APPLICANT'S NAME _____ Date of Birth: _____
LAST NAME FIRST NAME MONTH/DAY/YEAR

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____
WORK HOME

RECIPIENT'S NAME: _____ Date of Birth: _____
LAST NAME FIRST NAME MONTH/DAY/YEAR

Relationship to Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____
WORK HOME

Diagnosed with Autism Spectrum Disorder in:

YEAR

Letter from third party (i.e. social agency, teacher, therapist) supporting the request provided by:

LAST NAME FIRST NAME

Relationship to Applicant: _____

APPLICATION FOR FINANCIAL ASSISTANCE



RELEASE OF INFORMATION

I agree that The Sinneave Family Foundation (Sinneave) may:

- Use/publically display the recipient's first name, for the purpose of raising awareness of The Sinneave Family Foundation.
- Contact me for the following purposes:
 - To obtain feedback on the iPad Bursary I received from The Sinneave Family Foundation.
 - To solicit my view on services or policies affecting people with disabilities.

RELEASE AND WAIVER

I hereby release and indemnify and save harmless, on behalf of myself and if I am the parent or legal guardian of the applicant, The Sinneave Family Foundation and its employees against any and all expenses, claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind, whomsoever sustained, brought or prosecuted in any manner whatsoever relating to this application or the awarding of an iPad bursary.

CERTIFICATION

I _____ hereby agree to the above and acknowledge that I have read The Sinneave Family Foundation's iPad Bursary Guidelines. I certify that the information provided in this application is true, correct and complete to the best of my ability.

Signature: _____

Date: _____

Please review this application form to ensure all information and a supporting letter are provided.

If you have any questions about this application, please contact the Resource Centre at (403) 210-5000 or ambassador@sinneavefoundation.org

APPLICATION SUBMISSION

Once you have completed the application on-line, print and sign. Please submit either via fax at 403.284.9298 or scan the application once it has been completed and signed and email it to info@sinneavefondation.org. Please don't forget to attach the supporting documents required.

CONFIDENTIALITY POLICY

The above information is collected and managed in accordance with privacy best practices and applicable laws. It is collected in order for The Sinneave Family Foundation to fulfill its mandate. If you have any questions about the collection, use or disclosure of personal information, please contact The Sinneave Family Foundation's Privacy Officer at (403) 210-5000 or privacy@sinneavefoundation.org.