

Indigenous Disability Canada (IDC)

Support for Indigenous Student Learning Program (National Program)

Contact: SISLP - #6 – 1610 Island Highway – Victoria, British Columbia – V9B 1H8 **Toll Free**: 1-888-815-5511 - Victoria **Capital Region:** (250) 381 -7303 - Fax: (250) 381 7303

Email: sislp@bcands.bc.ca

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The IDC Support for Indigenous Student Learning Program (SISLP) is a time-limited program available to Indigenous (First Nation, Métis, and Inuit) students of limited financial resources, including Indigenous students living with disabilities.

The objective of the SISLP is to provide technology and / or other technology related supports, to Indigenous learners to assist in improving their access and participation in education, training and lifelong learning in order to be successful in their studies and future career paths. IDC is accepting applications from Indigenous students from across Canada, inclusive of all provinces, territories, and Indigenous communities.

Are You Eligible?

- Applicants must be of Indigenous ancestry (First Nation, Métis, or Inuit);
- Applicants must demonstrate a clear financial need for SISLP support;
- For the purpose of applicants identifying as living with a disability AND demonstrating a clear financial need, the following definition of disability will be used:
 - "Any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society."
- Applicants must be enrolled in formal education at any level from kindergarten to post-secondary, OR taking courses through an accredited institution, AND <u>must be</u> actively attending;
- Educational programs attended must be of no less than one year in duration (either online, remotely, or on-site learning);
- Applicants cannot have received prior support from the BCANDS SSLP (now IDC SISLP), must not
 have received/be receiving support for equipment/technology from their Nation, community, or any
 other government or organization program;
- Applicants must be a resident of Canada;
- Applicants, whose course's final completion / graduation is less than 3 months away at the time of the application review, will be considered, however will not be prioritized;
- Applications for the SISLP are for individual learners only, schools, organizations; communities, etc. are not eligible to apply.

In order to be considered, the SISLP application <u>must be fully completed, including Section 6</u>. IDC will verify the applicant's enrolment, attendance (online, remote, or in-class), and financial need. IDC reserves the right to refuse any application and to determine the level of support approved. IDC 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, governments or other organizational programs, in relation to technology, may be deemed ineligible.

Applications will be accepted on an ongoing basis, however to be considered must be received by IDC no later than March 15, 2023. Due to the limited financial resources available and high demand, IDC recommends that applicants submit their completed application as early as possible. Late applications will not be reviewed. In the event that the program's resources have been fully expended prior to March 15, 2023 the application process will be closed. Should you require assistance or clarity regarding the application or have questions regarding the SISLP, please do not hesitate to contact us.

Full Name: First Last M.I. Parent or Guardian Name: (if applicable) First Last M.I. Date of Birth (MM/DD/YYYY) Mailing Address or P.O. Box Number (this is the address where the supports will be mailed) Apartment/Unit # Mailing Address: City/Town Province Postal Code *In the event that your address changes after you submit your application, you must immediately inform IDC. Any returned SISLP supports, due to none notification of address change, will be allocated to other SISLP applicants. Phone Number: Gender: Age: (any age is eligible) How do you identify (please First Nations (Status) Inuit provide supporting documentation as able): First Nations (Non-Status) Métis \rightarrow If yes, please briefly Are you a student living YES describe your NO with a disability? disability and its effects on your learning: NO Are you a resident of Canada? Are you employed while attending school? \rightarrow If yes: Full-time Part-time **Section 2: Student Enrolment Verification** All information provided in this section will be verified by IDC. Name of School: School Address: Program Start Date Full-time/ Part-(MM/DD/YYYY) (if time Program: applicable): Program End Date Student ID# (MM/DD/YYYY) (if (if applicable): applicable):

Section 1: SISLP Applicant Information

Section 3: Student Eligibility Criteria

be verified.	a to pro	ceeu a	ma de considerea io	or the IDC SISLF. This informati	ion wii
A) I confirm that I am an Indigenous student value a disability	with lim	ited fin	nancial resources, inc	cluding those students living with	
I confirm that I am an Indigenous student vinstitution (either online, onsite, or remotel		nrolled	l, and actively attend	s classes in a formal educational	
I confirm that I have not received other sup from another program or my community	port or	similaı	funding for technol	ogy equipment (laptops/tablets)	
Why are you applying for the IDC Supp your current financial and educational s improve your ability to participate in yo	ituation	, and	how this program a	and any provided assistance will	escribe
B) DEMONSTRATE FINANCIA	AL NI	EED:			
Acceptable Documentation to demonstrate Please include proof of/an approval statement • Federal or provincial/territorial Studen • Any Federal or provincial/territorial In • Any Federal or provincial/territorial D • Canada Child Benefit (parent or legal g • Most recent Income Tax Notice of Assert	t from and the Loan accome A isability guardiar	ny one ssistan Assist n)	of the following: ace tance		
→ If these options are not available and yo below (Financial Need)	ou meet a	all of th	ne eligibility criteria,	provide thoroughly describe your s	ituation
Please outline your financial need:					
Do you receive (select ALL that apply):				Benefit Name(s):	
Federal Income or Disability Assistance	YES	NO	→If yes, indicate benefit name(s)		
Provincial/territorial Income or Disability Assistance	YES	NO	→If yes, indicate benefit name(s)		
Are you a Parent/Guardian of a student receiving Income or Disability Assistance?	YES	NO	→If yes, indicate benefit name(s)		
Other means of financial assistance:					

Section 4: Verification / References

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

If possible, have your community OR school contact provide a signed letter (included) verifying the eligibility criteria, that you have not received other funding and the priority of the requested support as outlined in Section 5.

Admissions Contact	at Educational Institution		
Full Name:		Position:	
Email:		Phone Num	nber:
Address:			
Community Staff O	R Chief and Council Contact	(if possible)	
Name of Indigenous Community:		Position:	
Full Name:		Phone Num	nber:
Email:			
Address:			
	Section 5: Sunn	ort / Technology Reque	ostad
may be approved, ple		needs when making your request	ests for equipment and / or software t.
	Laptop	Wireless Mouse	Headphones
Other equipment and software requests:	If you are not requesting the technology supports listed above. Please indicate the technology or software reque you wish IDC to consider which are necessary to assist you in your education.	sts	

Section 6: Mandatory Questions

The information collected in this section will **NOT** be used towards your application approval process, however is required for your application to be considered. Information provided will be used to identify gaps, barriers, best practices, etc. for the potential expansion of the SISLP and the development of additional resources / programs and services to assist Indigenous students to be successful in their education and eventual career path.

All information provided in this section will be documented anonymously and will not reference by name any student or educational institution / program.

We ask that you provide as much detail as possible for each question so that an adequate and accurate understanding of your experiences, insight and directions are known.

1.	ha	an Indigenous student, including students living with a disability (or parent/guardian), are there barriers you we seen / faced in accessing and continuing your education? (i.e., access to buildings, discrimination and reotypes, information technology, communication, outdoor spaces, transportation, other, etc.)
2.	stu	ot including technology and software, what other supports do you think should be available to Indigenous dents, including those students living with disabilities, that are necessary to assist in making their education d future career path as successful as possible?
	3.	As an Indigenous student or parent/guardian of an Indigenous student and thinking for your current school or course, do you feel that your educational needs are supported and fostered? Please explain and provide examples as able.
	4.	Please tell us about your initial feelings about the IDC (BCANDS) – Support for Indigenous Student Learning Program (SISLP). Do you feel it is a good initiative, tell us what's missing, how we can make the application process better, anything you think is important for us to know?

Section 7: Disclaimer and Signature

I authorize the release of information included in this application form to IDC / 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 Indigenous Student Learning Program (SISLP)
- 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 IDC / BCANDS SISLP and related services.
- d) IDC / 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) IDC / BCANDS may need to collect additional information about me to determine my eligibility for the SISLP or verify information provided in the application and related documentation.
- f) This program is dependent on available funding, and that IDC / BCANDS cannot ensure that all SISLP applicants, including myself, will receive equipment and software requested and those demonstrating the most need are prioritized.
- g) Applications will be reviewed in the order they are received by IDC / BCANDS.
- h) If approved for support that, due to worldwide shortages of technology and components caused by the COVID-19 Pandemic, time to receive my support may be significantly extended / delayed.

II. If I am approved for the SISLP 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 future career path.
- b) I understand that IDC / BCANDS is not responsible for any additional expenses or services as it relates to the provision of any equipment and or software received.
- c) I understand that any updates, repairs, additional software, subscriptions, or otherwise that are may be required are my sole responsibility. IDC / BCANDS will not provide ongoing costs associated with the provided equipment or software (e.g. Internet services, subscriptions, software, etc.).
- d) I agree to take part in a short impact survey with IDC / BCANDS SISLP staff.

I give IDC / BCANDS permission to contact myself, and the references provided in order to verify my eligibility for this program.

SISLP Applicant	Χ	Signature:	
		Date: _	
			(MM/DD/YYYY)
Parent/Guardian	Χ	Signature:	Date:
(as applicable)			(MM/DD/YYYY)

PLEASE EMAIL, MAIL, OR FAX YOUR FULLY COMPLETED APPLICATION TO: Indigenous Disability Canada - SISLP

Mail: #6-1610 Island Highway - Victoria British Columbia - V9B 1H8

Email: sislp@bcands.bc.ca

Fax: 250-381-7312