# Indigenous Disability Canada (IDC)

# Support for Indigenous Student Learning Program (National Program)

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**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) 381-7312

**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 **must be** 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 **must be fully completed, including Section 6**. 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, 2024. 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, 2024 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.

## Section 1: SISLP Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent or Guardian Name: (applicant age 17 or under): |  |  |  |  |       |
|  | First | Last | M.I. |
| Full Name: |  |       |  |
|  | First | Last | M.I. |  | Date of Birth (MM/DD/YYYY) |

|  |  |  |
| --- | --- | --- |
| Mailing Address: |       |       |
| Mailing Address or P.O. Box Number **(this is the address where the supports will be mailed)**  | Apartment/Unit # |
|       |       |       |
| 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: |       | Email: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Age: (any age is eligible) |       | Gender: |       |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How do you identify (please provide supporting documentation as able):** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Nations (Status) | [ ]  |  | Inuit | [ ]  |
| First Nations (Non-Status) | [ ]  |  | Métis | [ ]  |

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| --- | --- | --- | --- | --- |
| **Are you a student living** **with a disability?** | YES[ ]  | NO[ ]  | 🡪 If yes, please briefly describe your disability and its effects on your learning: |        |

|  |  |  |
| --- | --- | --- |
| **Are you a resident of Canada?** | YES[ ]  | NO[ ]  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you employed while attending school?** | YES[ ]  | NO[ ]  | 🡪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 (MM/DD/YYYY) (if applicable): |       | Full-time/ Part-time Program: |       |
| Program End Date (MM/DD/YYYY) (if applicable): |       | Student ID # (if applicable): |       |

## Section 3: Student Eligibility Criteria

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

|  |  |  |
| --- | --- | --- |
|  **A)**  | I confirm that I am an Indigenous student with limited financial resources, including those students 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 | [ ]  |
|  |

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| **Why are you applying for the IDC Support for Indigenous Student Learning Program (SISLP)? Please describe your current financial and educational situation, and how this program and any provided assistance will improve your ability to participate in your education:** (please attach additional pages should you require. |

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**B) DEMONSTRATE FINANCIAL NEED:**

**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 below (*Financial Need*)

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| --- | --- |
| 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 Number: |       |
| Address: |       |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name of IndigenousCommunity: |       | Position:  |  |
| Full Name: |       | Phone Number: |  |
| Email: |       |  |
| Address: |       |

## Section 5: Support / Technology Requested

**The IDC Support for Indigenous Student Learning Program (SISLP) will maximize supports available while prioritizing applicants based on demonstrated level of need. *\*Note – Not all requests for equipment and / or software may be approved, please prioritize your immediate needs when making your request.***

**Please indicate your technology / equipment requests below**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other equipment** **and software requests:** |

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| --- | --- | --- | --- | --- | --- | --- |
| Laptop | [ ]  | Wireless Mouse | [ ]  |  | Headphones | [ ]  |
| If you are not requesting the technology supports listed above. Please indicate the technology or software requests you wish IDC to consider which are necessary to assist you in your education.   |  |  | [ ]  |

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## 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. As an Indigenous student, including students living with a disability (or parent/guardian), are there barriers you have seen / faced in accessing and continuing your education? (i.e., access to buildings, discrimination and stereotypes, information technology, communication, outdoor spaces, transportation, other, etc.)
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| 1. Not including technology and software, what other supports do you think should be available to Indigenous students, including those students living with disabilities, that are necessary to assist in making their education and future career path as successful as possible?
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| 1. 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.
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| 1. 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?
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## 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.

1. **I understand that:**
2. I am applying for technology equipment (computer and accessories) under the publicly-funded Support for Indigenous Student Learning Program (SISLP)
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Applications will be reviewed in the order they are received by IDC / BCANDS.
9. 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.
10. **If I am approved for the SISLP program:**
11. 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.
12. 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.
13. 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.).
14. 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 Signature: Date:

 (MM/DD/YYYY)

Parent/Guardian 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