Scholarships

Creating Unlimited Possibilities for Students

Ability in Action Scholarship

Presented to a student who is registered with accessible learning services and receiving accommodation for their disability at Humber. Applicants can be from any program.

Student Information

Student No.	First Name	Last Name
Address		City
Province	Postal code	Phone number
Email		Date of Birth (Day/Month/Year)

Student Consent to Release of Information

I, _____, hereby authorize Accessible Learning Services or the following disability verification information to be collected by the Student Awards Office at Humber Polytechnic. I understand that it is my responsibility to pay for the cost of this documentation, if required.

Student Signature	Date (Day/Month/Year)

Option A: Verification by Accessible Learning Services

☐ I am registered with Accessible Learning Services and have submitted my current accommodation letter through the online scholarship platform.

HUMBER

Advancement and Alumni
Learning Resource Commons, 5th Floor
205 Humber College Blvd., Toronto, ON M9W 5L7
Tel: 416.673.0152 | Fax: 416.675.5074 | advancement@humber.ca | humber.ca/advancementandalumni

Option B: Verification by a regulated health care practitioner

☐ I certify _____ meets the criteria for the Ability in Action Scholarship as described above.

Regulated Health Care Practitioner's Name

Address | City

Province | Postal code | Phone number

Signature | Date (Day/Month/Year)

Official stamp of facility name and address:

Note: If you do not have an office stamp, please sign and attach your letterhead to this form.

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RELEASE STATEMENT

Humber College Institute of Technology and Advanced Learning ("Humber Polytechnic") is committed to respecting your personal and health information and adheres to the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA). In accordance with subsection 39(2) of FIPPA, Humber Polytechnic will ensure the personal and health information in this application is stored in a password protected database on a secure server owned by Humber Polytechnic with access granted to the scholarship administrators at Humber Polytechnic.

- I understand that the personal and health information collected on this form will be used strictly for the administration of the Humber Polytechnic Scholarship Program and to verify the criteria for this specific scholarship is met.
- I understand Humber Polytechnic will need to keep and archive the information provided in this application indefinitely for audit purposes verifying that the scholarship was paid to an eligible applicant.
- I certify that the information provided on this form is accurate and complete, to the best of my knowledge.
- I understand that if the personal health information provided is not clear or illegible the application may be denied with request to resubmit.

I, _____, have read and accept the above listed terms and I hereby request and authorize the release of information contained in my student records to the appropriate departmental scholarship selection committee for the purpose of the evaluation and scholarship award selection.

Student Signature Date (Day/Month/Year)

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