



## **Application Form for the Mandin Award 2019**

Name of Contact Person: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby declare that \_\_\_\_\_ has been formally diagnosed with a learning disability and is eligible for this award. If required, I am willing to provide verification of diagnosis. I understand that if such information is required that it will be kept strictly confidential.

Child(ren)'s Birthdate(s): \_\_\_\_\_ Child(ren)'s Age(s): \_\_\_\_\_

\_\_\_\_\_  
Signature

### **PLEASE COMPLETE THE APPLICATION FORM DETAILING THE FOLLOWING:**

1. Name of child(ren) who will benefit from the award.
2. How the award funds will be used. If the award will not be sufficient to completely fund the intended use, indicate the additional sources to cover the remaining costs. (Please note: funds will be paid directly to the program or to the recipient with receipt of appropriate invoice.)
3. How the funds will benefit the child or children. Please consider the selection criteria when providing this information.

### **PLEASE APPLY TO:**

[execdir@LDAlberta.ca](mailto:execdir@LDAlberta.ca) (preferred)

or

The Mandin Award Committee  
c/o the Learning Disabilities Association of Alberta  
Box 29011, Pleasantview P.O., Edmonton, Alberta T6H 5Z6

Acceptable file formats include Word (all versions) and Adobe PDF.

**ALL applications must be received by the application deadline May 15.**

More information: [www.ldalberta.ca](http://www.ldalberta.ca)>Resources> Scholarships/Awards

**Please note that only one application is required per family.**

**Please complete the following questions.**

Please indicate:

**Child is within age range (currently attending K-11)**

Yes       No

**Grade:** \_\_\_\_\_

**Child is an Alberta resident**

Yes       No

**Child has a learning disability**

Yes       No

**If yes, please specify primary area(s) of difficulty:**

Reading       Writing

Math       Other: \_\_\_\_\_

**Funding is to a maximum of \$800. What would you use the money for? Please choose one:**

support for summer camp/program (please provide name): \_\_\_\_\_

support for tutoring/programming during school year (describe): \_\_\_\_\_

\_\_\_\_\_

technology to support learning (please describe): \_\_\_\_\_

\_\_\_\_\_

purchase of resources/materials (not technology) to support learning: \_\_\_\_\_

\_\_\_\_\_

updated/new psychoeducational assessment

other (please describe): \_\_\_\_\_

\_\_\_\_\_

**Please provide detail to the questions below. Please keep your answers brief – aim for no more than 150 words per question.**

- 1. Please describe your child(ren) and his or her needs. Why is the support you have selected above the best fit for your child's needs?**
- 2. Please describe how this award/funding may positively impact your child(ren).**
- 3. Please comment on the perceived long-term benefits of this award for your child(ren).**

4. Please report any other funding to which you have applied and/or received that may support this activity. As well, comment on how you will make up any shortfall between the money received and the total cost of the program. Please note that details regarding income are not required; we are more interested in understanding how this award may allow your child to access supports to which s/he may not otherwise be able due to financial reasons.
  
5. If you are applying for technology, please justify this need in more detail. For example, what might this technology provide that other resources cannot?  
If you are not applying for technology, you may leave this question blank
  
6. Is there any other information that you feel may be beneficial for the evaluation committee to consider?

Please have a professional who has knowledge of your child complete the following page and submit with your application. This person may be a teacher, educational assistant, tutor, psychologist, or other (non-related) individual who works with your child in a professional capacity. Please note that you must fill in some information prior to providing this form to the professional.



Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Professional completing reference: \_\_\_\_\_

Relation to child (e.g., teacher)\*: \_\_\_\_\_

\*please note that reference cannot come from a relative

Contact information (e.g., phone or email): \_\_\_\_\_

\*please note that we may contact you to confirm your completion of this form

The family of this child is applying for the Mandin Award through the Learning Disabilities Association of Alberta. This award provides financial support for a specific program or resource for a child with a learning disability.

This family has indicated that they would use this support to:

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Please comment on the challenges that this child experiences and how you think this support may be beneficial. Please keep your answer to 200 words or less.

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Signature

Thank you for providing your insights – your time is very much appreciated!



**EXCLUSION OF LIABILITY AND ASSUMPTION OF RISK**

We hereby release and forever discharge, and do agree to indemnify and save harmless, the Learning Disabilities Association of Alberta and their employees, volunteers, or board members from all claims, demands, damages, actions, or causes of actions arising from or relating to participation in any aspect of the Mandin Award, and from any claims or demands whatsoever in law or equity, or heirs, executors or administrators may have in relation to the Learning Disabilities Association of Alberta.

I, the undersigned, hereby consent to the collection, use, reproduction and publication of Mandin Award application information, all forms of imagery, audio and related social media, of the recipients of the Mandin Award, captured on behalf of the Learning Disabilities Association of Alberta as such may be deemed desirable in the interests of the general public for an unlimited period of time on a non-exclusive basis.

Collection of the information, all forms of imagery, audio and related social media is authorized under the FOIP Act, Section 32 (c), and is required for the purpose of awarding the Mandin Award, administered by the Learning Disabilities Association of Alberta.

The award information, all forms of imagery, audio and related social media will be used for promoting, and preserving the history of the Learning Disabilities Association of Alberta Mandin Award, and are subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.

The decision of the Mandin Award Selection Committee is final and binding.

We have been given an opportunity to ask any questions that we may have. We have fully informed ourselves of the out comes of this release form by reading it before we signed it.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\* Please include this signed waiver with the rest of the application.