

ENDORSEMENT FORM
Mattinson Scholarship Program for Students with Disabilities

I wish to endorse _____
(Name of applicant – please print)

from _____
(Name of university – please print)

This student is enrolled in their second or third standing year of studies during the 2024-2025 academic year (please select one):

Second Year Third Year

In your professional opinion, which category of disability does your applicant fall under (please pick only one):

Physical Disability Sensory Disability Mental Health Disability Learning Disability

***Please see the program guidelines for definitions of each disability listed above.**

Declaration of Eligibility

The endorsement form must be filled out by a representative of the applicant's university disabilities' center.

I certify that the applicant meets the eligibility requirements **as outlined in the scholarship program guidelines.** Yes No

Is the applicant currently receiving any financial aid? Yes No

Endorsing Official – PLEASE PRINT

Name _____ Mr. Ms.
Last First

Title _____

Address _____
Street City Province Postal Code

Telephone _____ Email _____

Date

Signature

Please provide the following information of a person at the university who will act as a **second contact** for correspondence concerning this endorsement – PLEASE PRINT

Name _____ Mr. Ms.
Last First

Title _____

Address _____
Street City Province Postal Code

Telephone _____ Email _____

Date

Signature

