# Academic Standing Verification Form.

National Student Awards Program
National Educational Association of Disabled Students NEADS
Rm. 514 Unicentre, Carleton University
Ottawa, Ontario, K1S 5B6

Dear Academic Personnel,

The Student is providing this form to you as part of their application to the National Educational Association of Disabled Students (NEADS) Financial Assistance Program.

Since its founding in 1986, NEADS has been supporting full access to education and employment for post-secondary students and graduates with disabilities across Canada. NEADS is a consumer-controlled, cross-disability charitable organization.

The NEADS National Financial Assistance Program is offered to encourage full access to postsecondary education for persons with disabilities, who often have greater barriers to participation in higher education, as well as extra costs because of their disabilities.

In an effort to move away from discriminatory and ableist requirements (I.e. High Grades or Grade Point Average) for determining who receives scholarship funding, NEADS has established this form as a way to verify applicants possess Good Academic Standing.

From NEADS’s perspective, Good Academic Standing means the applicant is passing their courses and/or has a passing average, they meet the academic standards required for their program and they are eligible to continue their studies.

This form can be filled out by any Academic Personnel including if you are a guidance counsellor, school principal, registrar department staff member, academic advisor, program coordinator, thesis supervisor, professor/instructor or disability centre advisor.

We request that you please fill out the below information, free of charge to the student, and email the completed form to etes@neads.ca no later than 5pm PT, pacific time on Friday, February 16, 2024. Please where possible CC the student so that they have confirmation that the form has been submitted.

Forms will only be accepted when submitted via email directly from a staff member of the relevant educational institution. Forms filled out and emailed by students will not be accepted.

Student name:

Student #:

I can attest that the student possesses Good Academic Standing.

[ ] Yes
[ ] No

Name of Educational Institution:

Name of Educational Institution Personnel:

Job Title:

Department Name:

Phone #:

Email:

Date: Click or tap to enter a date.

Signature: