Rick Hansen Foundation

Proof of Disability Form

The Rick & Amanda Hansen Scholarship for Youth with Disabilities

This form is to be completed by an authorized medical practitioner licensed in Canada who is most familiar with your medical condition. For a list of authorized medical practitioners, please visit the Government of Canada's list of Authorized medical practitioners for the purposes of the medical expense tax credit.

1. Applicant Details

Legal First Name	
Legal Last Name	
Birthdate (MM/DD/YYY)	

2. Authorized Medical Practitioner Details

Profession	
Full Name	
Specialty (if applicable)	
License Number	
Province/Territory of Registration	
Office Mailing Address	
Primary Phone Number	
Email Address (optional)	

3. Disability Information

The Applicant has a disability, defined as a functional limitation – whether permanent or episodic - that is compounded by barriers. Attitudinal and physical barriers can prevent the student's equitable access to meaningful participation in post-secondary education.	Yes ☐ No ☐
Applicant's Diagnosis	
Description of disability, including how the disability affects the Applicant's participation in post-secondary education.	

4. Authorized Medical Practitioner Consent

By signing this form, I understand that I am providing information which the Rick Hansen Foundation will use to determine the Applicant's eligibility for the Rick & Amanda Hansen Scholarship for Youth with Disabilities. I accordingly confirm that all of the information I have provided is complete, true and accurate to the best of my knowledge.

Authorized Medical Practitioner Signature:

Date (MM/DD/YYYY):

Authorized Medical Practitioner Office Stamp (if applicable):

For information on Rick Hansen Foundation's privacy policy, please visit https://www.rickhansen.com/legal/privacy-policy