



Application Form for the Mandin Award 2017

Deadline May 15, 2017

Name of Contact Person: _____

Current Address: _____

City: _____ Postal Code: _____

Phone: _____ E-mail: _____

I hereby declare that _____ has been formally diagnosed with a learning disability/ADHD 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 ATTACH A LETTER OUTLINING 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 (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.

Both mail and e-mailed applications **must be received by the application deadline May 15.**

More information: www.ldalberta.ca>Resources> Scholarships/Awards



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, except in cases of proven negligence on behalf of the Learning Disabilities Association of Alberta's staff.

I, the undersigned, hereby consent to the use, reproduction and publication of Mandin Award application information, photographs, both moving and still pictures, of the recipients of the Mandin Award, taken 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, photographs, moving pictures, video or audio recordings and still photographs 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, photographs, moving pictures and video or audio recording 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.

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.

Applicant Name

Applicant Signature

Parent/Guardian Name

Parent/Guardian Signature

Date

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