

Section B: Verification of patient's disability

To be completed by the student's health care provider (physician or other regulated health care professional).

The information provided on this form is used to determine your patient's status as a person with a disability and their eligibility for disability-related funding and/or accommodations under the Ontario Student Assistance Program (OSAP) and/or the Ontario Learn and Stay Grant. Eligibility is based on factors including but not limited to the student's disability meeting the federal definition of either "permanent disability" or "persistent or prolonged disability" and resulting in functional limitations that restrict their ability to perform daily activities necessary to pursue postsecondary studies. Provide clear statements about your patient's disability-related functional limitations and educational barriers. Avoid vague terms like "suggests" or "is indicative of". If more space is required, provide additional details on your official letterhead and attach it to this document.

Complete Section B: Parts 1-6. If any questions or fields are left blank, your patient will not be considered to have a permanent disability or a persistent or prolonged disability for OSAP and/or Ontario Learn and Stay Grant purposes. Return the completed form and any attachments to your patient.

Patient information

Student name:

Emma Kate Burke

Date of birth:

June 23, 2005



123013096

Part 1: Physician or regulated health care professional information

First name:

Lorette

Area code and telephone number:

9056366886

Last name:

Kassiss

Specialty:

Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist ☐ Chiropractor ☐ Neurologist
☐ Nurse Practitioner ☐ Occupational Therapist ☐ Ophthalmologist ☐ Optometrist
☒ Physician – Family ☐ Physician – Psychiatrist ☐ Physiotherapist
☐ Psychologist or Psychological Associate ☐ Rheumatologist

This form will NOT be accepted if the chart below is incomplete or submitted without a stamp or signed letterhead

Canadian Provincial/
Territorial Licence #

95026

Place office stamp here - if you do not have an office stamp, you must sign and attach your letterhead to this form

Address

Marketplace Medical Centre
5b-1015 Bronte St. South
Milton, ON L9T 8X3
Tel : 905-636-6886
Fax: 905-636-6855

Student:

Emma Kate Burke

Account #:

023013096

School:

EVBR



123013096

Part 2: Patient's disability status**A. Permanent disability status**

For OSAP and/or Ontario Learn and Stay Grant purposes, the federal government defines a **permanent disability** as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- is expected to remain with the student for their expected life.

Does the patient have a permanent disability?☒ Yes☐ No**B. Persistent or prolonged disability status**

For OSAP and/or Ontario Learn and Stay Grant purposes, the federal government defines a **persistent or prolonged disability** as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- has lasted, or is expected to last, for a period of at least 12 months, but
- is not expected to remain with the student for their expected life.

Does the patient have a persistent or prolonged disability?☒ Yes☐ No

If you answered **"No"** to **both** questions above (i.e., "Does the patient have a permanent disability?" and "Does the patient have a persistent or prolonged disability?"), then you may bypass Parts 3-5 and go directly to Part 6 to provide your declaration and signature. Your patient will not be considered to have a permanent disability, or a persistent or prolonged disability, for OSAP and/or Ontario Learn and Stay Grant purposes. Before returning the form to the patient, please ensure Parts 1, 2 and 6 are complete.

Student:

Emma Kate Burke

Account #:

023013096

School:

EVBR



123013096

Part 3: Nature of patient's disability

Check all that apply:

- ☐ **Acquired Brain Injury**
- ☐ **Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**
- ☐ **Autism Spectrum Disorder**
(e.g., autism, pervasive developmental disorder)
- ☒ **Chronic health/medical disability**
(e.g., Crohn's disease, epilepsy, chronic pain, heart condition)
- ☐ **Deaf, deaf, deafened or hard of hearing**
- ☐ **Functional / mobility impairment**
(e.g., paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)
- ☐ **Learning disability**

Note: OSAP eligibility criteria require that psycho-educational assessments must have been performed in the last 5 years or since the patient was 18. Individual Education Plans are not considered to be acceptable documentation of a learning disability for OSAP purposes.

Answer the following questions:

Has a psycho-educational assessment been performed by a registered psychologist?☐ Yes☐ No**If "Yes", enter the date of the most recent assessment:**

Day Month Year

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Was a learning disability confirmed?☐ Yes☐ No

- ☐ **Mental health impairment**
- ☐ **Visual impairment**
- ☐ **Other disability not indicated above – Specify:**

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Student:

Emma Kate Burke

Account #:

023013096

School:

EVBR



123013096

Part 4: Mobility/movement and/or sensory impacts

Check all that apply:

☒ No mobility/movement or sensory impacts☐ Ambulation ☐ Standing ☐ Sitting ☐ Stair climbing ☐ Lifting/carrying/reaching☐ Grasping/gripping/dexterity ☐ Low vision (after correction) ☐ Legally blind ☐ Hearing loss☐ Sensory impacts - Specify: _____☐ Other - Specify: _____Describe
impact(s):**Part 5: Cognitive and/or behavioural impacts**

Check all that apply:

☒ No cognitive or behavioural impacts☐ Attention and concentration ☐ Memory ☐ Information processing (verbal and written)☐ Stress management ☐ Organization and time management ☐ Social interactions☐ Communication☐ Other - Specify: _____Describe
impact(s):**Part 6: Declaration of physician or regulated health care professional**

I certify that the information provided on this form is accurate. If I answered "Yes" to either question in Part 2, I certify that the patient identified above experiences the disability-related functional limitation(s) and/or educational barrier(s) indicated on this form.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of physician or regulated health care professional:**Date:**

Day Month Year

23 05 20 23

Part 1: Required consents and declarations (continued)

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:



Date:

Day Month Year

17 05 2023

Part 2: Optional consent and declaration of student

Sign and date this section only if you agree that your disability-related information on this form can be shared with your school's Office for Students with Disabilities.


Why would this be helpful?

- Giving your consent for the information on this form to be shared with your school's Office for Students with Disabilities may assist this office in discussing available supports, services and accommodations with you.
- This would be particularly helpful if you are in full-time or part-time studies and intend on applying for the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). (Note: students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.)

I authorize the financial aid office at my school and the Ministry of Colleges and Universities to disclose the personal information related to my disability (as provided on this form) to my school's Office for Students with Disabilities if it's required to determine my eligibility for the Ontario Bursary for Students with Disabilities and/or the Canada Student Grant for Services and Equipment – Students with Disabilities.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:



Date:

Day Month Year

17 05 2023

The personal information you and your physician or other regulated health care professional provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related assistance under the Ontario Student Assistance Program (OSAP).

Your personal information will be used to administer and finance OSAP as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.



Conditional Letter of Acceptance

Emma Kate Burke
595 Caverhill Cres
Milton, ON L9T5K1

December 06, 2022
Sheridan ID Number: 991724252

Dear Emma Kate,

Congratulations! We are very pleased to offer you admission to:

Program

PCAJS - Community and Justice Services
Full-time status
Entry Level - Year 1 / Semester 1

Term/Campus

September 2023
Davis Campus
Brampton

Conditions of Admission

Your admission status is conditional upon receipt of your Admission Requirements immediately. Visit your [Sheridan Application Portal](#) to view your Admission Requirements.

If you are attending secondary school in Ontario, your grades will be submitted electronically to Sheridan. If you are attending another institution or summer school, it's your responsibility to ensure that we receive your final transcripts.

You must ensure that Sheridan receives this information. If these requirements are not satisfied, your offer of admission will be rescinded.

Accept Your Offer of Admission

You must accept your offer of admission by the deadline noted at [ontariocolleges.ca](#) or your offer may expire.

- Login to your [ontariocolleges.ca](#) account,
- Select "Offers of Admission" and follow the instructions.

If you applied to more than one program, you may receive a separate letter for each.

Your next steps:

- Explore your [Sheridan Application Portal](#) - helpful hints and information will help you start off right.
- Access resources and supports to help you make the move from applicant to successful Sheridan student.
- Check your email frequently for updates from Sheridan.

Brampton | Mississauga | Oakville

The Sheridan College Institute of Technology
and Advanced Learning
1430 Trafalgar Road
Oakville, Ontario L6H 2L1

T 1 905 845 9430
admissions@sheridancollege.ca

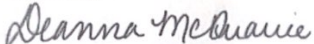
sheridancollege.ca

Sheridan

- [Pay your fees](#) - reserve your place at Sheridan by the due date indicated on your fee estimate. We'll email you when your payment is posted in your account. The Ontario Student Assistance Program may be able to help you with your education expenses.

Once again, congratulations!

Sincerely,



Deanna McQuarrie

Registrar & Associate Vice President Enrolment Management

My name is Emma Kate Burke and I have been an Ulcerative Colitis warrior for almost 8 years. I have exhibited determination, perseverance and overcome challenges in ways that far exceed my 17 years since my diagnosis. I am driven in my passion for education, sports, and social connections, I am a doer, a natural born leader, and a role model for those in my school community.

I have been an honor roll student since grade 10 and have always pushed myself to meet this goal despite the health issues I have struggled with. I want to pursue studies related to Child and Youth Care and Policing with a focus on mental health supports for adolescents. I am dedicated to my studies, spending time with family, friends, work, and my pets. I truly am a happy and thankful person, through my struggles I learned to be more empathetic, compassionate, and patient. Slowing down and enjoys the small things in life brings me joy.

I am an active participant and past Honorary Chair in the Halton Gutsy Walk raising over \$21,000 dollars in 5 years. I believe it is crucial to give back and the funding raised goes to help find a cure for Crohn's and Colitis, fund clinical trials, and support Campgot2go. Campgot2go was one of the best experiences of my life and the first camp I ever attended. I am an active volunteer for youth in sports camps and I have been a competitive rep soccer player for the past 6 years; however, I was sidelined these last 6 months due to my health.

My mental health has declined this year due to multiple flare ups since October. I had been in remission for about one year, and I am typically an upbeat personality, but sometimes the struggles I face such as, missed school, missed sports, missing out on outings with friends, missing work, can be mentally exhausting. Speaking with a therapist has help give me clarity, perspective, and much needed coping strategies. Physically I am trying to get back into shape so I can resume my love of competitive sports, I eat well, I get plenty of rest and sleep, I take my medications daily, and I am slowly getting back into the gym to build my stamina for playing rep soccer in College or University.

I give 110 percent in whatever I do, I am engaged in my learning, I set good examples for my peers, and I am my own best advocator. This scholarship would be the icing on the cake to a rough graduation year and a culmination that hard work pays off. It would mean that I would not have to stress about working part time next year in College or University to help ease the financial burden on my parents. Grade twelve started out rocky but it will end on an amazing high. Colitis will always be a part of me, but it does not define me.

Respectfully Yours,

Emma Kate Burke

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR OR ORTHER SCHOOL OFFICIAL

INSTRUCTIONS: Complete all sections of this Form. The information pertaining to the character, integrity, and the student's ability to do post secondary work are important to us. The best source is a candid recommendation from a guidance counselor, teacher, or principal. When completed, please attach a copy of the student's TRANSCRIPT place in a sealed envelope, and return to the student. Thank you.

STUDENT'S NAME Emma Burke GRADUATION DATE June 2023
 SCHOOL NAME Bishop Reding Catholic Secondary School SCHOOL PHONE NO. 905 875 0124
 SCHOOL ADDRESS 1120 Main Street East Milton ON L9T 6H7
Street & no. City prov. postal code

PLEASE RATE THE STUDENT'S	NO BASIS FOR JUDGEMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING (top 5%)
ACADEMIC ACHIEVEMENT					✓
LEADERSHIP					✓
SELF CONFIDENCE					✓
CONCERN FOR OTHERS					✓
REACTION TO CRITICISM					✓
RESPECT FROM PEERS					✓
RESPECT FROM FACULTY					✓

COMMENTS

Emma is a student of mine in Nutrition & Foods at Bishop Reding. I find her to be a dedicated student who strives for excellence in all areas. She works well with others & implements feedback received. Several of her teachers have commented on the outstanding resiliency she has demonstrated throughout her grade 12 year.

RECOMMENDATION FOR A SUNBEAM SCHOLARSHIP	NOT RECOMMENDED	FAIR	GOOD	EXCELLENT	OUTSTANDING (top 5%)
FOR ACADEMIC PROMISE					✓
FOR CHARACTER					✓
OVERALL					✓

PREPARED BY

NAME (print) Nathan McCarthy SIGNATURE [Signature]
 DATE May 12, 2023 POSITION Teacher - Bishop Reding

INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL AND USED ONLY BY THE SCHOLARSHIP COMMITTEE FOR THE SOLE PURPOSE OF DETERMINING SCHOLARSHIPS AWARDED

BIRTH • NAISSANCE

Ontario



Birth Certificate Certificat de naissance



CERTIFIED EXTRACT FROM
BIRTH REGISTRATION
EXTRAIT CERTIFIÉ CONFORMÉ
DE L'ENREGISTREMENT
DE NAISSANCE



Version 2021

Registrar General
Registraire général de l'état civil

Deputy Registrar General
Registraire générale adjointe

Name
Nom **BURKE, EMMA KATE**

Date of Birth
Date de naissance **JUNE 23, 2005**

Sex
Sexe **F**

Place of Birth
Lieu de naissance **GUELPH**

Date of Registration
Date d'enregistrement **OCTOBER 04, 2005**

Registration No.
No d'enregistrement **2005-05-058497**

Date of Issue
Date de délivrance **MAY 12, 2023**

Certificate No.
No de certificat **23211676-001**



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