

How did your disability shape your decision to study the program you chose?

I've always been fascinated by law. Ever since I was a child, I dreamed of living in Boston and attending Harvard to pursue a law degree. I strived to make this dream come true throughout my schooling, but entering high school, these dreams began to feel unattainable.

Over the past couple of years I have had a very difficult time. A mild chronic illness developed into something more severe at the beginning of eighth grade, and only worsened from there. Though I had migraines frequently before, at some point that year my migraines became constant, and have remained constant ever since. While I'll never be sure if it's all the same migraine or if it's many small migraines starting and ending directly after each other for the last 5.5 years, I have had a migraine every single day. This illness forced me out of school in tenth grade. My illness would cause me to miss large chunks of class, due to appointments, procedures, or even visits to the emergency room. That year, I transitioned to at home instruction for the first time, where I received three hours of class, for one course, online each week. Because I was taking three classes in my fall semester of tenth grade with the admin's permission, I completed the other two courses in which I did not receive class time, by teaching myself these concepts. It was very difficult at times, and I struggled not only with the schoolwork, but with a feeling of missing out. I missed semi-formals, field trips, club meetings, and spirit weeks. I continued at home instruction for the subsequent year as well, and this feeling of missing out only continued to grow. I decided to return to school part-time for my last year, opting for two online classes and one in person class. I was also fortunate enough to be accepted for a dual credit in criminology, in an attempt to help me re-enter the classroom.

This acceptance changed everything. Before my final year, I was extremely worried that I would not be able to fulfill my childhood dreams of studying law. I didn't think I had the prerequisites or experience necessary to be accepted into the post-secondary programs I was interested in. Upon starting my dual credit program, I realized that I was incorrect. The course, a second year criminology course at Sheridan College, proved to me that I could be successful, not only academically, but in re-entering the classroom. For the duration of the course, I never missed a single class, something I would have thought was impossible going into the new school year. This gave me the courage to apply to post-secondary programs, despite my fears, because I felt more confident I'd be able to attend classes. This course also changed my ambitions entirely. Before the course, I intended to apply to Juris Doctor programs and political science programs in the hopes of attending law school. My interest in criminology grew immensely with this course, and I ultimately ended up applying to criminology programs instead. Because of this course, I was able to reignite my ambitions to chase my childhood dreams, and found a new passion for criminological theories, and the social factors that increase and decrease crime.

In a round about way, my disability led me to find a new passion that has impacted my life to the point where I will now be starting an undergrad in criminology come September. Had I not been given the chance to participate in this dual credit program due to my disability, I would likely be headed down a very different path, and would be much more anxious about beginning my post-secondary journey. While I'm not attending Harvard like a five-year-old I had hoped, I think she'd be just as happy knowing that we're still pursuing our passion for law, with a new mindset and goal.



Lilian Bourgeois
2277 Mountain Grove Av
Burlington, ON L7P2H8
Canada

Date: June 1, 2025
Account: 025069028
Student no: 300481595
School: University Of Ottawa/universite D'ot
Program: Criminology (Social
Sciences:Honours BSC Soc(3 to
Study period: Sep 3, 2025 to Apr 24, 2026
Financial aid University Of Ottawa/universite
office: D'ottawa
Financial Aid and Awards
55 Laurier Avenue East
Rm 3156
Ottawa, ON K1N 6N5
(613) 562-5734

Purpose of this form

This form is used to collect information about your disability, including documentation from your health care provider (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for Ontario Student Assistance Program (OSAP) and Ontario Learn and Stay Grant purposes.

If verified, you may:

- Get additional disability-related funding or the rules for getting OSAP and the Ontario Learn and Stay Grant may be adjusted (such as allowing a reduced course load).
- Qualify for funding through the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). These two programs help eligible students in full-time or part-time studies with the costs of eligible disability-related educational services and equipment, such as note-takers, tutors, or assistive technology. You must submit a BSWD/CSG-DSE application to be considered. The application is available on the OSAP website (ontario.ca/osap). 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.

Help is available

The office for students with disabilities/accessibility services office or the financial aid office at your school can help you with any questions about this form. The office for students with disabilities/accessibility services office can also provide information about disability-related equipment, supports and services available at your school. For more information, see the "Questions?" section on page 2.

How to complete this form

There are two parts to this form:

- Section A is your consents and declarations, which you must sign and date.
- Section B is completed by your health care provider (physician or other regulated health care professional whose scope of practice includes diagnosing). Send all pages of Section B to your health care provider to complete regarding your disability.

Normally, you are only required to have this form completed once.

How to submit this form

Submit both Section A (completed by you) and Section B (completed by your health care provider).

Upload it online:

You can upload your completed form online. Log into the OSAP website and go to your OSAP or Ontario Learn and Stay Grant application to use the "Print or upload documents" feature.

Send in the form:

Send all sections of this form to the financial aid office at your school.

If you are sending in a paper copy, keep a copy of your form and related documents for your own records.

The privacy of all disability information is protected by the ministry under the *Freedom of Information and Protection of Privacy Act*.

Deadline to submit this form

If you have submitted an OSAP Application for Full-Time Students, OSAP Application for Part-Time Students, or Ontario Learn and Stay Grant Application, this completed form must be received by your financial aid office or the ministry no later than 40 days before the end of your study period.

If you have submitted an OSAP Application for Micro-credentials, this completed form must be received no later than 5 days after the end of your study period.

Questions?

If you need help with this form, contact the financial aid office at your school.

The office for students with disabilities/accessibility services office can also help you with questions about how to complete this form. This office will also be able to provide information on other disability-related supports and services available at your school. You may be required to provide them with additional documents when you discuss your disability-related needs for attending school.



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Rm 3156
Ottawa, ON K1N 6N5
(613) 562-5734

Section A: Consents and declarations of student

Part 1: Required consents and declarations

- I agree that until my loans, including any grants that are converted into loans, overpayments, and repayments, including any micro-credential student loans or micro-credential grant overpayments, are assessed and repaid, the Ministry of Colleges and Universities (ministry) can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of the Ontario Student Assistance Program (OSAP), the Ontario Learn and Stay Grant and the Canada Student Financial Assistance Program (CSFA Program) with: Employment and Social Development Canada (ESDC); Canada Revenue Agency (CRA); National Student Loans Service Centre (NSLSC); my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP and the Ontario Learn and Stay Grant; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
- I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement and furthermore, that the ministry may restrict me from receiving disability-related assistance under OSAP and the Ontario Learn and Stay Grant in the future and may take legal action and may require me to repay any disability-related OSAP and Ontario Learn and Stay Grant funding that I received as a result of any false or misleading statement.
- I authorize the physician or other regulated health care professional who has completed Section B of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
- I authorize the ministry and my postsecondary school to contact the physician or other regulated health care professional if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.
- I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.

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

01 06 2025

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/accessibility services office.

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/accessibility services office 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/accessibility services office if it is 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

01 06 2025

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) and the Ontario Learn and Stay Grant.

Your personal information will be used to administer and finance OSAP and the Ontario Learn and Stay Grant as set out in the notice of Collection and Use of Personal Information on your OSAP and Ontario Learn and Stay Grant application(s) and in accordance with the consents you signed on your application(s). The Ministry of Colleges and Universities administers and finances OSAP and the Ontario Learn and Stay Grant under the authority set out under the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, c. M.19, as amended, and the regulations made under the Act. 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.

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 supports under the Ontario Student Assistance Program (OSAP) and the Ontario Learn and Stay Grant. Eligibility is based on factors including but not limited to the student's disability meeting the federal government's 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 or Ontario Learn and Stay Grant purposes. Return the completed form and any attachments to your patient.

Patient information

Student name:

Lilian Bourgeois

Date of birth:

May 15, 2007



125069028

Part 1: Physician or regulated health care professional information

First name:

CAROLYN

Area code and telephone number:

9053369620

Last name:

DIAMOND

Specialty:

Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist
 ☐ Chiropractor
 ☐ Neurologist
☐ Nurse Practitioner
 ☐ Occupational Therapist
 ☐ Ophthalmologist
 ☐ Optometrist
☒ Physician – Family
 ☐ Physician – Psychiatrist
 ☐ Physiotherapist
☐ Physician - Other (specify): _____
☐ Psychologist, Psychological Associate or Neuropsychologist
 ☐ 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 #	72613	Place office stamp here - if you do not have an office stamp, you must sign and attach your letterhead to this form
Address	2951 walkers line Burlington ON	

DR. C. DIAMOND
Halton Family Health Centre
2951 Walkers Line
Burlington, ON L7M 4Y1
Tel: (905) 336-9620 Fax: (905) 336-9650

Student:

Lilian Bourgeois

Account #:

025069028

School:

EUAO



125069028

Part 2: Patient's disability status

A. Permanent disability status

For OSAP and Ontario Learn and Stay Grant purposes, a **permanent disability** is defined 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 Ontario Learn and Stay Grant purposes, a **persistent or prolonged disability** is defined 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 in Part 2, 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 or Ontario Learn and Stay Grant purposes. Before returning the form to the patient, please ensure Parts 1, 2 and 6 are complete.

School:
EUAO

Student:
Lilian Bourgeois

Account #:
025069028

School:
EUAO



125069028

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 ☐ Legally blind ☐ Hearing loss
(after correction)

☐ 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)

☒ Stress management ☐ Communication ☒ Information processing (written)

☒ Organization and time management ☐ Social interactions

☐ Other - Specify: _____

Describe
impact(s):

Chronic migraines - followed by specialist.
with migraines inability to focus
Fatigue ++

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

02 06 2025

Unofficial Enrolment Verification as of 2025-06-01

This is to certify that Bourgeois, Lilian
is / was registered as follows for the following terms:

Year of Study	Term	Begin	End	Units	Status
1st Year	2025 Fall Term	2025-09-01	2025-12-31	18	Full-Time
1st Year	2026 Winter Term	2026-01-01	2026-04-30	18	Full-Time

Current Program of Study: Honours Bachelor of Social Sciences in Criminology (French Immersion Stream)

ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

MENTIONS ET RESTRICTIONS

Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À
LA PAGE 5 (LE CAS ÉCHÉANT)

Lilian Bourgeois

Signature of bearer - Signature du titulaire



286855682

7 N 5 9 0 5 5

CANADA



Issuing Country/Pays émetteur

P

CAN

Passport No./N° de passeport

AN590551

Surname/Nom

BOURGEOIS

Given names/Prénoms

LILIAN VERONIKA SZOLNOKI

Nationality/Nationalité

Nationality/Nationalité
CANADIAN/CANADIENNE

Date of birth/Date de naissance

15 MAY / MAI 07

Sex/Sexe

Place of birth/Lieu de naissance

F

BURLINGTON CAN

Date of issue/Date de délivrance

16 SEPT/SEPT 21

Date of expiry/Date d'expiration

16 SEPT/SEPT 26

Issuing Authority/Autorité de délivrance

GATINEAU



682

P<CANBOURGEOIS<<LILIAN<VERONIKA<SZOLNOKI<<<<

AN590551<OCAND705154F2609164<<<<<<<<<<<<<02