

Neil Squire Assistive Technology (AT) Fund Greater Fredericton Region

Funding Purpose and Criteria:

The **Neil Squire AT Fund** supports youth in grades one through 12 who are living with disabilities and require access to personal, new or refurbished assistive technology in order to enhance their independence and progress with academics. Students can be in the public or private school system as well as home schooled.

Program Parameters:

- The Neil Squire AT Fund is open to youth located in the greater Fredericton area.
- The fund will support households with a \$75,000 or less annual household income.
- Funding is available for devices, software and applications.
- The maximum grant provided will be \$1000, in order to assist as many youth as possible.
- Neil Squire reserves the right to provide partial or full funding to individuals depending on financial circumstances.

Application Deadlines:

There is no deadline. Neil Squire will receive applications on an ongoing basis until the fund is depleted.

Application Process:

- Please complete the application attached.
- Forms can be submitted via email to Tracy Ryan at tracyr@neilsquire.ca.
- To prevent delays, be sure to read and complete all sections of the application form carefully.
- AT Assessments with recommendations are preferred. Selected students will be offered an AT assessment to determine AT needs such as devices and software.
- If approved, Neil Squire will purchase devices and/or applications directly. Neil Squire will not reimburse for technology purchased by individuals.
- Testimonials can help Neil Squire to convey the impact of the funding to our donors. Parents/caregivers do not have to agree to provide Neil Squire with a photo and testimonial to be eligible for the funding.

This grant has been made possible by a generous donor from the Fredericton region who prefers to remain anonymous.

Contact Information:

For more information or any questions, please contact Tracy Ryan at tracyr@neilsquire.ca or at (506)478 7252.

Neil Squire Assistive Technology (AT) Fund Application Form 2024

1. Information about Recipient:

Parent/Caregiver's Name		Student Name	
City/Location		Student Date of Birth	
Parent/Caregiver Email			

2. Address:

3. Amount requested for this application (Max \$1000-Leave blank of unknown): _____

4. An AT Assessment has been completed by Neil Squire or another service provider.

 Yes
 No

*****Please attach AT assessment if provided by a service provider outside of Neil Squire.**

5. Your annual household income is below \$75,000.

 Yes
 No

6. Photo and Testimonial/Impact Story

Is the parent/caregiver of youth willing to provide a photo and/or written impact statement to Neil Squire if application is approved?

Submission is *NOT* required until after the application is approved.

 Yes
 No

Media Release

Media Release

I, the undersigned, hereby grant permission to the Neil Squire Society and its representatives to use my name, likeness, image, voice, and/or video recordings for any lawful purpose, including but not limited to promotion, advertising, fundraising, and reporting.

I understand that my name, likeness, image, voice, and/or video recordings may be used by the Neil Squire Society in various media formats, including but not limited to photographs, videos, audio recordings, publications, newsletters, podcasts, and social media posts.

I further understand that I will not receive any compensation for the use of my name, likeness, image, voice, and/or video recordings.

I hereby release the Neil Squire Society and its representatives from any liability, claims, demands, actions, and causes of action arising out of or related to the use of my name, likeness, image, voice, and/or video recordings, including claims for invasion of privacy.

I certify that I am the age of majority (18 or 19, depending on the province or territory) and have read and understood the terms of this media release. If I am under the age of majority, my parent or legal guardian has read and understood this media release and provides consent on my behalf.

Name: _____

Signature: _____

Date: _____

Name of parent/guardian (if applicable): _____

Signature of parent/guardian (if applicable): _____