



TD Graduate Scholarship for People with Disabilities

SCHOLARSHIP APPLICATION

Deadline: May 8, 2026

Instructions:

Please ensure that this application form is filled out completely and accurately.

Read the 2026 Scholarship Guidelines before completing the form.

Write N/A if not applicable.

Only typed applications will be accepted.

1) CONTACT INFORMATION	
Name of Applicant: (first, last)	
Current Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Mailing Address (after August 31, 2026 - if different from above):	
City:	Province/State:
Postal/Zip Code:	Country:
Home Phone: ()	
Work Phone: ()	
Email:	
2) AFFILIATIONS AND PROGRAM	
Proposed/Current University:	
Proposed/Current Graduate Department:	
Degree:	Status (applied, enrolled):
Start Date (dd/mm/yy):	Anticipated Graduation Date (dd/mm/yy):

3) RESEARCH PROJECT (attach as pdf document)

Describe the research project including:

- 1) Title
- 2) Rationale
- 3) Objectives
- 4) Hypotheses
- 5) Methods
- 6) Expected outcomes
- 7) Impact
- 8) References

(Maximum 2 pages, not including references)

Progress:

Describe what, if anything, has been completed towards fulfilling the requirements of your program/research (e.g. literature review completed, data collected, ethics approved, research outputs, courses completed, etc.).

(Maximum 250 words)

Activities Remaining:

Describe what remains to be completed.

(Maximum 250 words)

4) SUPERVISOR	
Proposed/Current Supervisor:	
Academic Appointment:	
Institution:	Department:
Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Work Phone: ()	
Email:	

Name of applicant: _____

5) SUPPORTING DOCUMENTATION**Please attach the following in addition to this application form:**

1) Curriculum Vitae

2) Personal statement describing:

- Your motivations, experience, and qualifications relevant to rehabilitation-related research.
- Your short- and long-term professional goals.

3) Transcripts: Unofficial undergraduate and graduate level transcripts.

4) Research project description (see item 3 above)

Please arrange for the following:1) Letter of Support from Supervisor sent electronically to mary.lam@uhn.ca including:

- a) assessment of the applicant's qualities, accomplishments, potential and research project.
- b) Description of the research and training environment, including student support resources.

*Name of Supervisor*2) Two letters of recommendation sent electronically to mary.lam@uhn.ca (in addition to the letter from your Supervisor)*Referee Names*

Name of applicant: _____

6) CONCURRENT FUNDING	
A. Confirmed Funding	
Will you be receiving any funding for academic purposes or disability expenses (e.g. awards, bursaries) that coincides with the TD Graduate Scholarship for People with Disabilities year? (September 2026 – August 2027).	Yes/No
If “Yes”, please provide full details of all concurrent funding below.	
1) Funding program:	
Funding agency:	
Amount: \$	
Duration (dd/mm/yy): From:	To:
2) Funding program:	
Funding Agency:	
Amount: \$	
Duration (dd/mm/yy): From:	To:

Name of applicant: _____

6) CONCURRENT FUNDING cont'd	
B. Other Possible Funding	
Have you applied, or do you expect to apply for funding for academic purposes or disability expenses (e.g. awards, bursaries) that coincides with the TD Graduate Scholarship for People with Disabilities year? (September 2026 – August 2027).	Yes/No
If “Yes”, please provide full details of all funding for which you have applied or expect to apply. Include the date by which you expect a decision.	
1) Funding program:	
Funding agency:	
Amount: \$	
Duration (dd/mm/yy): From: To:	
Date of Decision (dd/mm/yy):	
2) Funding program:	
Funding agency:	
Amount of the Award: \$	
Duration of the Award (dd/mm/yy): From: To:	
Date of Decision (dd/mm/yy):	

Name of applicant: _____

7) DISABILITY	
Describe your disability (<i>use space required</i>):	
Education-related Disability Costs to be Covered: (<i>Please itemize anticipated education-related disability expenses required for the scholarship year, and include a description of goods and services. <u>Refer to guidelines before completing.</u></i>)	
Tutors, readers, note takers, interpreters (oral, sign). (<i>Specify</i>)	\$
Specialized transportation to and from educational/research activities. (<i>Specify</i>)	\$
Technical aids/equipment (e.g., braille, talking calculator, hearing/vision/learning aids, physical aids, alternate formats - e.g., large print or Braille). (<i>Specify</i>)	\$
Computers, hardware, software, specialized needs accessories. (<i>Specify</i>)	\$
Attendant services for studies (<i>Specify</i>)	\$
Other (<i>Specify</i>)	\$
Total	0

8) DECLARATION

By signing this document, I am stating that to the best of my knowledge, the above answers are correct and complete. I hereby authorize KITE to verify information that I have provided in this application. I understand that false or incomplete information will result in automatic disqualification of my application.

I have read, understood, and accept the conditions of acceptance. If I am awarded a scholarship, I will accept the scholarship only if I am enrolled as a graduate student in a rehabilitation-related research program and am supervised by an investigator who is appointed as a Scientist or Senior Scientist at KITE.

If I am awarded a scholarship, I promise to conduct the program I have outlined in a diligent and faithful manner, and I will submit at the end of the scholarship term a report or copies of papers or manuscripts resulting from this program. My reports, papers, and publications will acknowledge the TD Graduate Scholarship.

I require the assistance noted under Education-related Disability Costs to cover the cost of the educational accommodations and/or services related to my disability(ies). I will provide receipts that confirm the Education-related Disability Cost funds were spent for their intended purposes.

I will promptly disclose to the Institute Director, Research at KITE all financial assistance that I receive from any other source to cover academic and/or disability-related costs. I agree that the amount of my scholarship may be reduced if I receive funding from any other source.

I understand that I may be required to repay all or part of the award if the information in this application is found to be inaccurate for any reason or if my study period or enrollment in the program changes.

Applicant's Signature	Printed name	Date (dd/mm/yy)

Mailing Instructions

To be completed and submitted no later than 5:00 pm Eastern Standard Time, May 8, 2026
to:

Mary Lam
Manager, Operations Manager
KITE – Toronto Rehabilitation Institute
mary.lam@uhn.ca

with subject line "TD Graduate Scholarship Application <name of applicant>".
