

# Application for Canada Student Grant for Services and Equipment (CSG DSE)

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To apply for the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE), please complete this form in collaboration with a qualified disability service officer (e.g. rehabilitation services case worker, accessibility counsellor/coordinator/specialist, etc.).

**Student Name:** (Please Print) \_\_\_\_\_ **File #:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Study Period:** \_\_\_\_\_

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**DEADLINE:** Mid-point of your study period: \_\_\_\_\_.

Submit completed form by mail or email to:

**Manitoba Student Aid**  
401 – 1181 Portage Ave  
Winnipeg, MB R3G 0T3  
ManitobaStudentAid@gov.mb.ca

**NOTE:**

- Forms submitted may take up to six (6) weeks to process.
- Forms submitted past the deadline may not be processed due to insufficient processing time.
- Funds cannot be released after the study period ends.

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All information provided to Manitoba Student Aid is subject to verification and audit.

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If you have questions or require clarification, please contact Manitoba Student Aid:  
204-945-6321 or toll-free (in Canada and the USA): 1-800-204-1685

Telephone device for the hearing impaired:  
204-945-8483 (in Manitoba) or 1-866-209-0696 (in Canada and the USA)

ManitobaStudentAid@gov.mb.ca



**Section B – FUNCTIONAL LIMITATIONS**

*To be completed by a qualified disability service officer (in collaboration with student)*

**NOTE:** All questions are mandatory. Incomplete forms will be returned.

Clearly indicate how the exceptional education-related equipment and/or services requested will help the student overcome their functional limitations in a post-secondary environment, as required by the Canada Student Financial Assistance Program (CSFAP). Please print clearly. If you require extra space, attach a letter with the additional information.

I, the undersigned, have discussed with the above-named student the exceptional education-related services and equipment they require as a result of their disability. I agree that the items listed on this form represent needs and costs to the best of my judgment.

\_\_\_\_\_ **Disability Service Officer Name & Phone No.**      \_\_\_\_\_ **Signature**      \_\_\_\_\_ **Date (yyyy-mm-dd)**

**NOTE:** Electronic signatures, official watermarks or stamps are acceptable.

If I receive a grant for my disability-related education costs, I hereby agree to provide, by the end of my study period, **receipts** showing that funds were spent for their intended purposes.

\_\_\_\_\_ **Student's Signature**      \_\_\_\_\_ **Date (yyyy-mm-dd)**

**NOTE:** Electronic signatures, official watermarks or stamps are acceptable.