



SCORE 2011 Application Form

Name:

CNIB registration number:

Address:

City/province:

Postal code:

Telephone:

E-mail address:

School attended:

Current grade (as of date of application):

Date of birth:

Gender: Male: Female:

Amount of vision (please describe type of vision loss):

Communication Preference:

English: French:

Braille: Large print: Regular print:

Current Computer Access Device Type:

Speech: Large Print: Braille:

Name of Product:

JAWS: Zoomtext: Other:

Declaration -

I have read and understood the material relating to SCORE 2011, and hereby declare that I meet all of the program requirements. I understand that to be considered for the program my completed application package including the Applicant Form, the Applicant Profile and a Recommendation Letter, must be received by the SCORE program manager by the deadline.

Signature of Applicant:

Date: