Nova Scotia Community College Disability Support Professional Certificate Education Bursary
Return of Service Agreement with the Department of Opportunities and Social Development, Disability Support Program

NSCC Academic Year 2026-27 and 2027-28

Student Declaration Form
Tuition Funding – Return of Service Agreement
DECLARATION

Declaration of Intent to Work in Nova Scotia

To meet the student eligibility criteria to receive the education bursary, a signed statement of intent to work in a disability support related position in the disability support sector in the Province of Nova Scotia upon graduation for one year (1 year) is required.

For the Nova Scotia Community College (NSCC) to apply the bursary to the costs of tuition, program textbooks and required college fees, all students are required to sign this declaration and return it to NSCC prior to the commencement of their program. If a second bursary is received in the student's second year of the program, the bursary amount will be added to the total amount repayable to the Province in the event the year of service is not completed.

This declaration will be shared with the Province of Nova Scotia to support the funding of the program and for sector system planning and management purposes. Data that is collected, used, disclosed, retained, destroyed, or destructed is in accordance with *Freedom of Information and Protection of Privacy Act* (FOIPOP) and the Province of Nova Scotia and the Department of Opportunities and Social Development privacy, access, and security requirements.

TO: Province of Nova Scotia
&
NSCC

I, _____ intend to work full-time (i.e., 35-40 hours per week) in the Disability Support Sector upon graduation from the NSCC's Disability Support Professional Certificate Program for at least one year following graduation.

Failure to complete this one-year service will result in me having to repay some or all of the bursary(s) above to the Province of Nova Scotia. The Province of Nova Scotia reserves the right to waive this repayment requirement in exceptional circumstances.

_____	_____	_____
Student Signature	Printed First and Last Name	Date
_____	_____	_____
Witness Signature	Printed First and Last Name	Date