**French Braille Book Reimbursement Program**

Thanks to many generous donations, Braille Literacy Canada (BLC) is pleased to facilitate access to French braille and print-braille books for children across Canada. BLC will reimburse applicants for the cost of books purchased for children in contracted or uncontracted French braille. Applications will be reviewed and decisions about the amount of reimbursement provided will be made on a case by case basis, subject to funding availability.

# Eligibility Criteria

1. This program is available to students across Canada, up to and including **grade six**.
2. The student must either be a braille reader, or be in the process of learning braille.
3. Priority will be given to Francophone students.

# Instructions

* Please review the Eligibility Criteria above to ensure eligibility of your child or student and then complete the application form on the following page.
* If the request is for a book that has not yet been transcribed, you can send us the quote from the braille transcriber or producer in advance and we will determine how much of the cost we would be able to cover. (Decisions to fund new transcriptions will be made on a case-by-case basis and we will consider all relevant factors including, for example, the number of students who would have access to the book.)
* If you are submitting a request on behalf of an organization, where the book will be shared across multiple students, please provide the required demographic information for the group as a whole (e.g. Grade of student: 2-4).
* Submit this form, along with your receipt(s) or production estimate(s), to request reimbursement, to [info@blc-lbc.ca](info%40blc-lbc.ca).

# For More Information

If you have any questions, would like more information, or would like to make a donation to this program, please contact us at info@blc-lbc.ca.

# French Braille Book Reimbursement Application

## About the Applicant

(the individual applying on behalf of the student(s))

|  |  |
| --- | --- |
| Name: |  |
| Organization (if applicable): |  |
| Role (parent, teacher, etc.): |  |
| Email address: |  |
| Telephone number: |  |
| Mailing address – Line 1: |  |
| Mailing address – Line 2: |  |
| Mailing address – City: |  |
| Mailing address – Province: |  |
| Mailing address – Postal Code: |  |

## About the Student

|  |  |
| --- | --- |
| Name of student(s): |  |
| Age of student(s): |  |
| Grade of student(s): |  |
| Is the student francophone? | Choose: Yes or No |

## About the Book

|  |  |
| --- | --- |
| Book Title: |  |
| Book Author: |  |
| Reimbursement amount requested: | $ |
| Method of reimbursement: | Choose: Cheque, Interac e-Transfer |

## For New Transcriptions Only

If this book is not yet available in braille, please indicate its likely reach, interest, or why you believe it would be worthwhile to have this *particular* book available in braille:

|  |
| --- |
|  |