CANADIAN HARD OF HEARING ASSOCIATION
EDMONTON BRANCH

HIGH SCHOOL ACHIEVEMENT AWARD
APPLICATION FORM

Personal Information

Surname: _____ Given Names: _____

Current Address: _____
Street/Ave.

_____ _____ _____
Town or City Province Postal Code

Permanent Address (If different from above): _____
Street/Ave.

_____ _____ _____
Town or City Province Postal Code

E-mail address: _____ Telephone: _____

Date of Birth: _____/_____/_____
Year / Month / Day

Academic Related Information

Name of High School: _____ Grade: _____

The personal information that you provide on this form is being collected under the Freedom of Information and Protection of Privacy (FOIPP) Act of Alberta. Canadian Hard of Hearing Association – Edmonton Branch (CHHA-ED will use it in order to provide you the opportunity to be awarded a scholarship. The information will be protected in compliance with the provisions of the FOIPP Act.

The information may be disclosed to board members of CHHA – ED. All information provided will be retained by the scholarship committee for a period of one year, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information please contact the CHHA – Edmonton office.

I certify that the information presented is accurate and complete. Any discrepancies may result in forfeit of scholarship.

Signature: _____ Date: _____

The CHHA-ED Scholarship Committee will promptly notify all applicants of the decision made regarding their application by mail