CANADIAN HARD OF HEARING ASSOCIATION
EDMONTON BRANCH

CAPTIONING & COURT REPORTING PROGRAM SCHOLARSHIP

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: _____/_____/_____ Social Insurance Number: _____
Year / Month / Day

Academic Related Information

Name of Institution: _____ Faculty of Study: _____

Year of program completed: ____ 0 ____ 1 ____ 2

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