

CAPTIONING AND COURT REPORTING PROGRAM SCHOLARSHIP

Field of Study: Open to any first year student registered in full-time studies¹ in Captioning and Court Reporting Program at NAIT

Value: \$1,000.00

Awarded: One – annually

Conditions:

- To be awarded annually to a student entering her/his second year of **Captioning and Court Reporting Program** after having successfully completed the first year
- Proof of successful completion of first year by way of copy of official transcripts
- Program of study must be full-time¹
- Program must be taken in residence (not on-line) and be the equivalent of full-time studies
- Preference will be given to residents of the Province of Alberta

When applying for this award, please submit the following documentation:

1. Completed application form
2. Unofficial copy of Transcripts of first year of Captioning and Court Reporting program at NAIT
3. Proof of involvement in the hard-of-hearing community
i.e., certificate of appreciation, letter from director of an organization, etc. (if applicable)
4. Anecdotal information regarding educational background and goals (500 words)

Please submit application package by August 15, 2019

to

Canadian Hard of Hearing Association – Edmonton Branch

#10 – 12122 68 Street

Edmonton, Alberta T5B 1R1

Phone: 780 428 6622 (voice/TTY) Fax: 780 428-6622

Email: info@chha-ed.com

Website: www.chha-ed.com

If you have any questions about this scholarship and/or application, please contact the CHHA Edmonton office using the contact information above.

¹ **Full Time Studies:** As determined by your institution.

Donor: **CANADIAN HARD-OF-HEARING ASSOCIATION – EDMONTON BRANCH**

CAPTIONING AND COURT REPORTING PROGRAM SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION

Mr. Miss Ms. Mrs.

Surname: _____ Given Names: _____

Current Address: _____
Street/Ave.

_____, _____ Postal Code
Town or City Province

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

_____, _____ Postal Code
Town or City Province

E-mail address: _____ Telephone: _____

Date of Birth: ____/____/____ Social Insurance Number: _____
Year / Month / Day

ACADEMIC INFORMATION

Name of Institution _____ Program of Study: _____

Year of program: ____ 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 - ED office.

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

Signature: _____ Date: _____