



## ACADEMIC SCHOLARSHIP AWARD

**Field of Study:** Open to hard of hearing students registered in full-time studies<sup>1</sup> at a post-secondary institution located in Northern Alberta (Red Deer and north)

**Value:** \$1,000.00

**Awarded:** One - annually

**Conditions:**

- Student must have a documented hearing loss
- Student must be registered in a post-secondary institution located in Northern Alberta (Red Deer and north)
- Preference will be given to residents of the Province of Alberta<sup>2</sup>
- Program of study must be full-time<sup>1</sup>
- In your own words briefly describe what your career goals are and how this scholarship will help you to achieve these goals (approximately 500 words).

**When applying for this award, please provide the following documentation:**

1. Completed application for
2. Proof of acceptance into identified program of study  
i.e. letter of acceptance from your chosen post-secondary institution
3. Proof of hearing loss, e.g. a recent audiogram from an audiology clinic
4. Information of community involvement, preferably in the hard-of-hearing community  
i.e. certificate or letter of appreciation from an organization, etc. (if applicable)
5. Proof of residency in Alberta  
i.e. copy of Alberta Health Care Card, Alberta Driver's License, etc.
6. A copy of your write-up on your career goals and benefit of scholarship

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

<sup>1</sup> **Full Time Studies:** As determined by your institution. If you are accessing Disability Support Services, you are required to meet their definition of full-time studies.

<sup>2</sup> **Residency Definition:** A resident of Alberta is defined as a Canadian Citizen or Permanent Resident (Landed Immigrant) who has been continuously residing in the Province of Alberta, for at least one year immediately before the first day of classes. Leaving the province temporarily while on vacation, for short-term employment, or as a full-time student is allowed. (Taken from the University of Alberta Calendar, section 13.2 excluding Yukon and the Northwest Territories.)

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



# ACADEMIC SCHOLARSHIP AWARD APPLICATION FORM

ACADEMIC SCHOLARSHIP AWARD

### 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 RELATED INFORMATION

Name of Institution \_\_\_\_\_ Faculty of Study: \_\_\_\_\_

Year of program completed:    \_\_\_\_ 0 \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6

*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: \_\_\_\_\_

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