The Canadian Hard of Hearing Association Student Bursary Program was established in 2008. This Program is supported by donations of the Canadian Hard of Hearing Association (CHHA), Sudbury Branch fundraising program.

The Canadian Hard of Hearing Association, Sudbury Branch is a non-profit charitable organization committed to providing programs, supports and services based on accessibility, advocacy and awareness. CHHA seeks to promote a better quality of life for persons who are hard of hearing and encourage their integration into North Eastern Ontario communities.

The Canadian Hard of Hearing Association Bursary is available to full-time students in any program attending a post secondary institution (university or college) in North Eastern Ontario. The funds are to be used for tuition or to purchase equipment or learning tools that are necessary to pursue the recipient's educational goals.

Applicants are requested to read the attached criteria for eligibility and provide all the information required. The selection of award recipients will be made by the Bursary Committee. The decisions of the Committee are final.

Please ensure that <u>all</u> necessary documentation is completed, signed, and that <u>all</u> supporting material is enclosed (copies are acceptable as applications will not be returned). All applications must be received by July 30'th each year. Late, unsigned or incomplete applications will not be considered nor will applications be accepted by e-mail or fax. Please mail your completed application to:

Canadian Hard of Hearing Association 435 Notre Dame Ave, Suite 101 Sudbury, ON P3C 5K6 Voice: (705) 523-5695 Fax: (705) 523-8621

e-mail: info@chhasudbury.com



POLICY AND PROCEDURES

1. Applicants to this Bursary Program <u>must</u> be either hard of hearing, deafened or oral deaf. Support documentation is required.

The Canadian Hard of Hearing Association (CHHA), Sudbury Branch, generally accept the following terms:

Hard of Hearing

A person with any level of hearing loss, from mild to profound, whose primary method of communication is the spoken language.

Deafened

A person with profound level of hearing loss acquired in adulthood (hearing loss occurred after learning oral communication).

Oral Deaf

A person with a profound level of hearing loss, occurring congenitally or with an onset early in life, whose primary method of communication is the spoken language.

- 2. Eligible applicants may be first-time or returning post-secondary students, registered in a full-time program at one of the recognized Colleges or University within North Eastern Ontario. Field of study is not a factor in the selection process.
- 3. Eligibility for this Bursary is based on an overall assessment of the applicant. Applications will be judged by a number of criteria including academic achievement, determination to cope with hearing loss, and community involvement.
- 4. Successful applicants will be notified as soon as selection has been made. Funds will be distributed upon receipt of proof of registration. An agreement to this effect will be signed by the recipients and the appropriate CHHA authority. Please note: Bursary's **are taxable income**.
- 5. Recipients must agree that names and/or photographs may be used for promotion of the Bursary Program and to encourage future applicants. Mediums may include the annual CHHA Conference and Annual General Meeting, Resonance Newsletter, local newspapers (in the recipients community) and a press release to national media.



SECTION 1: APPLICANT INFORMATION

Address:			
City:	Province	Postal Code	
Phone/TTY:	E-Ma	il:	
Date of Birth:	Age:	Gender: Male Femal	
G	•	Other (specify)nsure eligibility for this Bursary.	
The following information SECTION 2: APPLICANT	- INFORMATION		
The following information SECTION 2: APPLICANT Age when hearing loss was	INFORMATION diagnosed	nsure eligibility for this Bursary.	
The following information SECTION 2: APPLICANT Age when hearing loss was	INFORMATION diagnosed	nsure eligibility for this Bursary.	
The following information SECTION 2: APPLICANT Age when hearing loss was Cause (if known)	INFORMATION diagnosed Yes No I	nsure eligibility for this Bursary.	
The following information SECTION 2: APPLICANT Age when hearing loss was Cause (if known) Do you wear hearing aids? Do you have a cochlear imp	YesNo I	f yes, how many?	

You must include an audiogram signed and dated by an audiologist.



Please explain how you address yo have requested and received (assis				
	· · · · · · · · · · · · · · · · · · ·			
				
You must include a transcript fo	r your 2 most recent year/semes	ter/term of study.		
•	v	•		
SECTION 4: EDUCATION				
I am currently registered at		Year of study		
Program of study	Length	Length of program		
I am a high school graduate	entering my first year of post-second	ondary education.		
I am a full-time college or u	niversity student and have already	begun my post-secondary educa-		
tion.				
	ning to school at the post-secondar	y level.		
Other				
☐ Please outline your recent edu	cation history:			
Please outline your educational go	als (i.e. to obtain College Diploma	. University Degree etc.)		
Name of High School/College/University	Program (if applicable)	Diploma/Degree Received		
1				
2				
3				
1		L		



Please outline your career aspirations:				
SECTION	: ADVOCACY/AV	WARENESS		
Yes	No I am a mer	mber of the Canadian Hard of Hearing Association (CHHA)		
Other	(Specify) _			
Please give	n example of a time	ne, if any, when you promoted awareness of hearing loss issues:		
Please give loss:	n example of an oc	ecurrence, if any, when you identified yourself as a person with hearing		
Please outlin	e any past achieven	ments, personal highlights and/or participation in sports, clubs or organi-		

SECTION 6: PERSONAL STATEMENT

to achieve. You must include this information as an attachment, typed, not to exceed 500 words.

zations. Describe your plans for the future, including your career aspirations or any other goals you hope

SECTION 7: LETTERS OF F	REFEREI	NCE			
Please include two letters of reference, typed, not to exceed 500 words. References must be from som one <u>other than</u> your immediate family or anyone living in your household.					
submission will be carefully rev whether or not your application	iewed by was succ	anadian Hard of Hearing Association Bursary Program. Your the Bursary Committee, and you will be notified in writing essful. Bursary's are granted on a one-time basis, though you ication is not selected. Please note that the decisions of the			
Applicant Signature		Date			
Please ensure that you	ur applic	CHECKLIST cation package contains the following documents:			
	This con	apleted application form			
		A signed audiogram			
		A copy of your most recent school transcript			
		A personal statement			
		Two letters of reference			