

Office Use Only

Application Approved: Yes No

Amount of Award: _____

Date Paid: _____

Cheque Number: _____

INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

**George Bateman Memorial Scholarship Renewal Application
for Students who are Deaf or Hard of Hearing**

*The first consideration in granting this award, in honor of George Bateman
who was principal of the Halifax School for the Deaf from 1918 to 1939, is academic excellence.*

Return Completed Applications by: **May 1**

Please return application to: **Interprovincial School Development Association
5940 South Street, Halifax, NS B3H 1S6**

PERSONAL INFORMATION

Applicant's Name: _____

Permanent Address: _____

E-Mail Address: _____

Postal Code: _____ Date of Birth: _____

Telephone Number: (home) _____ (work) _____

Permanent Resident of Atlantic Canada Yes No

ACADEMIC INFORMATION

Proposed Program of Study _____

Name and Address of Educational Institution _____

Financial Support Required for [x] First Year Second Year
(check one box for upcoming year) Third Year Fourth Year

Anticipated Date of Graduation from Post-Secondary Institution: _____

Academic Average to Date: _____

FINANCIAL INFORMATION

<u>Estimated Expenses</u>		<u>Financial Resources</u>	
Tuition and Fees	\$ _____	Summer Savings	\$ _____
Books and Supplies	\$ _____	Previous Savings	\$ _____
Room and Board	\$ _____	Canada Student Loan	\$ _____
Misc. Expenses	\$ _____	Bursaries	\$ _____
Transportation	\$ _____	Scholarships	\$ _____
Other (Specify)	\$ _____	Part-Time Earnings during Session	\$ _____
	\$ _____	Parent Contribution	\$ _____
	\$ _____	*TESS/LAMPD	\$ _____
	\$ _____	Other (Specify)	\$ _____
	\$ _____		\$ _____
<u>Total Expenses</u>	\$ _____	<u>Total Resources</u>	\$ _____

* *Attach a separate listing of services to be provided by **TESS** (Training and Employment Support Services – New Brunswick) or **LAMPD** (Labour Market Agreement for Persons with Disabilities – Nova Scotia, formerly known as EAPD), i.e., tuition, books, board, tutors, interpreters or amplification equipment.*

Total Expenses *minus* Total Resources = Financial Need: \$

WORK EXPERIENCE

List the details of any employment you have had during the past four years:

Type of Employment	Period Employed (From/To)

Describe briefly why you need financial support to continue your studies.

Outline briefly your plans for your future career or profession.

To ensure consideration of this application, the following information must be attached.

- Transcript of studies currently being completed

Note: If official transcript is not available at the time of mailing, please indicate unofficial marks or first term marks and follow with official transcript as soon as it is available.

- A copy of your most recent audiogram is required

I give permission for my name to be published as a recipient of this award: _____ Yes _____ No

I hereby certify the information on this application is, to the best of my knowledge, true and complete.

Date: _____ Signature: _____

All successful candidates will be notified by June 30. Following notification, a cheque will be forwarded to students upon receipt of confirmation of enrolment in the course of study. This verification is to be by way of a letter from the Admissions Office verifying enrolment in September – after the program has begun.