

**Office Use Only**

Application Approved: [ ] Yes [ ] No

Amount of Award: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Cheque Number: \_\_\_\_\_

**INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION**

**Bursary Renewal Application  
for Students who are Deaf or Hard of Hearing**

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] (check one box for upcoming year)

Second 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.

<b>Total Expenses <i>minus</i> Total Resources = Financial Need:</b> \$
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**To ensure consideration of this application, the following information must be attached.**

- Most recent transcript of post-secondary studies

**Note:** If official transcript is not available at time of mailing, please include 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 that 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 studies. This verification is to be by way of a letter from the Admissions Office verifying enrolment in September after the program has begun.**