

Office Use Only				
Application Approved:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Amount of Award:				
Date Paid:				
Cheque Number:				

## INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

### APPLICATION FOR FINANCIAL SUPPORT: INCENTIVE AWARD

Please complete **all** sections of the application with **typed** information.

Return completed application to:

**Interprovincial School Development Association  
5940 South Street, Halifax, NS B3H 1S6**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Description of Program of Study** (Provide transcript)

**Proof of Cost**

**How will this program enhance your ability to work with Deaf or Hard of Hearing?**

**All successful candidates will be notified by June 30. Following notification, a cheque will be forwarded to you 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 – after the program has begun.**

Signature: \_\_\_\_\_

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