

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

## INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

### George Bateman Memorial Scholarship 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  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.*

<p><b>Total Expenses <i>minus</i> Total Resources = Financial Need:</b>                    \$ _____</p>
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**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
- Three letters of reference
  - character
  - academic
  - one other

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.**