

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

APSEA/INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

**Scott Bowes Memorial Scholarship Award
for Students who are Deaf or Hard of Hearing**

Guidelines

This \$1,000.00 scholarship, in memory of APSEA student Scott Bowes from Miramichi, New Brunswick, will be awarded to a graduating student who is pursuing studies in one of the trades.

Selection criteria include:

- Entering a program of study in one of the trades
- Demonstration of active involvement in school, community and sports
- Willingness of recipient to share application information with the family of Scott Bowes

Application

Return Completed Applications by: **May 1, 2017 (No late applications will be accepted)**

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
(including tuition cost) _____

Name and Address of Educational Institution _____

Outline briefly your plans for your future career or profession.

Describe what makes you a worthy candidate for this scholarship award.

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 statement (audiogram) from an audiologist describing your hearing loss.
- Three letters of reference
 - character
 - academic
 - one other which demonstrates your involvement in sports/community activities

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.