



S.R. Hussey Memorial Fund Financial Assistance for Individuals who are Blind and Low Vision

Applications must be submitted by May 1st. All questions must be answered, a transcript of your previous year's marks, and an eye report dated within the past 12 months must be attached.

***Incomplete applications will not be considered.**

Dr. Samuel Robert Hussey was born in Newfoundland in 1874. He lost his sight at the age of ten after contracting measles. In 1893, he became a teacher and taught at the School for the Blind in Halifax for many years.

Dr. Hussey was an inspiration to the many who came into contact with him. Through his work as a teacher, he came to recognize that there was a need for a fund to assist those who had completed their schooling with further education and/or training. He was appointed convener of the new Scholarship Fund in 1951 by the Maritime Division, Canadian Council of the Blind. After his death in 1964, the fund was renamed the S.R. Hussey Memorial Fund. The fund is able to provide a limited amount of assistance to **residents of Atlantic Canada** who meet one of the two criteria as follows:

- a) Legally blind persons in the pursuit of studies or training and the purchase of necessary equipment
- b) Legally blind persons for the purchase of equipment or other services to be used in their employment

To be considered for a grant, an application must be **submitted by May 1st of any year**. Forms may be obtained from any office of the CNIB and/or the Atlantic Provinces Special Education Authority (APSEA). Grants have typically ranged from \$100.00 to \$2,000.00, depending upon the perceived needs of the applicant and the funds available. **This is a renewable scholarship for which you can re-apply for each year of your program.**

The S.R. Hussey Memorial Fund gratefully receives any donations and particularly appreciates support from those it has helped in the past. Donations and applications can be forwarded to the Director of Programs – Blind or Low Vision, APSEA, 7071 Bayers Road, Suite 102, Halifax, Nova Scotia, B3L 2C2 or fax 902-423-8700.

Application Form

Name		Date of Birth	
Address			
Province		Postal Code	
Telephone		E-mail	
Are you legally blind (visual acuity of 20/200 or less)? (*Eye report must be attached.)			Yes <input type="checkbox"/> No <input type="checkbox"/>

If you are applying for assistance for an educational program, please complete this section.

Parent's Name			
Occupation		# of dependents in family	
Post secondary institution attending or planning to attend			
Name of Program		Length of Program (# of years)	
In what year are you currently enrolled?		# of credits received last year	
<i>*Please attach a transcript of your previous year's marks.</i>			
Have you applied for a student loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, how much did you apply for?	
If you have not applied for a student loan, please explain why:			

If you are applying for assistance for purposes other than education, please complete this section.

Type of business:			
# of similar businesses in your area:			
Your experience in this business:			
# of years of full-time employment:			
What will any assistance received be used for?			
Anticipated length of time before business is self-supporting:			
Have you applied for assistance from any other source?			
If so, please specify:			
Would you be willing to contribute to this fund at some time in the future?			

Expenses	
Please indicate your anticipated expenses. For educational programs, costs may include tuition, student fees, books, board & lodging, etc. For purposes other than education, costs may include materials, tools, premises, etc.	
Expenses	Amount

Total Expenses	

Income	
Please indicate how your income is made up. For educational programs, income may include savings, assistance from other sources (e.g. scholarships, parents, etc.) For purposes other than education, income may include government grants to establish business, savings, other sources.	
Income	Amount
Total Income	
Total Assistance Requested (Expenses less Income)	

<i>I hereby give permission to the trustees of the S.R. Hussey Memorial Fund to make enquiries regarding any statements made in this application, and I hereby certify the information on this application is true and complete to the best of my knowledge.</i>	
Signature:	
Date:	
<p>Please return completed application and all requested information to:</p> <p>Director of Programs - Blind and Low Vision APSEA, 7071 Bayers Road, Suite 102, Halifax, Nova Scotia, B3L 2C2</p> <p>Applications may be emailed to: bvi@apsea.ca or faxed to 902-423-8700.</p>	

Revised March 3, 2026 (wmn)