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## About the CHS National Scholarship Program

Canadian Hearing Services proudly offers scholarships to Deaf and hard of hearing students to help break down barriers to higher education and build brighter futures.

Scholarships of \$3,000 a year for full-time students and \$1,000 a year for part-time students are awarded to top qualified candidates who are pursuing post-secondary education at an accredited institution, inside or outside of Canada. Once secured, students may receive an annual award for up to four years. Awards may cover tuition, residence or educational resources. The exact number of awards will be dependent on the number and ranking of qualified applicants.

## Eligibility Criteria

- Applicants must be Canadian citizens or permanent residents of Canada;
- Applicants must be either hard of hearing or Deaf;
- Applicants must be 17 years of age or older and attending a recognized post-secondary institution in the Fall of 2021.
- Eligibility is based on the overall assessment of the following application materials:
  - Photocopy proof of Canadian citizenship or permanent residency with date of birth;
  - At least one audiogram documenting hearing loss of 50dB or greater, pure tone average, **in each ear (50dB or greater in the left ear AND 50dB or greater in the right ear)**;
  - Proof of Fall 2021 acceptance to an accredited post-secondary institution (proof of registration, signed consent form and thank-you video are required before students receive awards in August/September each year);
  - Community Involvement checklist, as outlined in Section 2 (page 3 and 4 of the application form);
  - Two (2) Referral Forms submitted via email by your references as outlined in Section 3 (page 4 of the application form); and,
  - Typed 12-pt font, 250-word essay in English or French, or YouTube link or Dropbox shared link **(NO Google Drive shared links)** to a 6-minute video in ASL/LSQ, as outlined in Section 4 (page 5 of this application form).

## Selection Process

A Canadian Hearing Services committee of educators, industry leaders, staff, and members of the Deaf and hard of hearing community will review qualified applications and select the winners. All winners will be notified on or before September 9, 2021 and recognized across the Canadian Hearing Services community later in the month. Scholarship awards will be distributed upon receipt of proof of registration, a signed letter of consent, a successful social media background check, and thank-you video. Please note, all awards are taxable income.

## How to Apply

Please complete and submit this **fully completed application form** as outlined on page 6 **by the deadline to be considered**. Thank you.

**Application Deadline: May 25, 2021, 4 p.m. E.S.T.**

**Date of notification of successful candidates: September 9, 2021 or sooner**

# 2021 Canadian Hearing Services National Scholarship Program Application for First-Time Applicants

TO BE COMPLETED FULLY FOR CONSIDERATION:

## SECTION 1: APPLICATION INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone/TTY: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_

### I consider myself to be:

Deaf  Culturally Deaf  Oral Deaf  Late Deafened  Deaf/Blind

Hard of Hearing  Other: \_\_\_\_\_

### Which of the following best describes you?

ASL User  LSQ User  Verbal communicator

### Name of post-secondary educational institution and program you plan to attend:

\_\_\_\_\_

### In September 2021, I will be a:

Full-time student  Part-time student  Distance learning student

### I am entering the following academic year:

1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  Other: \_\_\_\_\_

## SECTION 2: COMMUNITY INVOLVEMENT

2021 Secondary School Community Involvement Checklist: To be completed by students entering 1st Year post-secondary studies directly from high school.

Activity (Please specify if paid or voluntary)	Hours/ Week	Description (eg: started book club, captain of swim, etc.)	Supervisor's Name	Supervisor's E-mail or Phone
Arts/Music				
Clubs				
Sports				
Leadership Roles				
Community Involvement/ Volunteer Work				
Part-Time Employment				
Other: _____				

I have volunteer/work hours noted above that directly support Deaf or hard of hearing individuals.

2021 Community Involvement Checklist: To be completed by students continuing post-secondary studies or mature students.

Activity (Please specify if paid or voluntary)	Hours/ Week	Description (eg: started book club, captain of swim, etc.)	Supervisor's Name	Supervisor's E-mail or Phone

I have volunteer/work hours noted above that directly support Deaf or hard of hearing individuals.

### SECTION 3: REFERENCES

Please have two (2) references complete the [Referral Form](#) found on the CHS National Scholarship website at [chs.ca/scholarship-program](https://chs.ca/scholarship-program). Completed Referral Forms are to be **emailed by your references** to [giving@chs.ca](mailto:giving@chs.ca).

Please note that your referrer must **not** be a member of your family or reside at the same residence.

All referral forms are to be emailed to [giving@chs.ca](mailto:giving@chs.ca) **by your references no later than 4:00 p.m. E.S.T. on May 25, 2021.**

### SECTION 4: ESSAY

Please describe your life experience and the participation barriers you have braved at school, work, home or in your community as someone who is Deaf or hard of hearing, and tell us how the scholarship will help to transform the future for you, your family and society. Please include your 250-word typed essay as a **PDF on a separate page** in 12-pt. font.

Students who prefer to submit a 6-minute video in ASL or LSQ may send a YouTube link or Dropbox shared link in your application submission email. **(NO Google Drive shared links please.)**

***Please note:*** Essays that are longer than 250 words in print or 6 minutes in video may not be considered.

## SECTION 5: REQUIRED DOCUMENTATION

To be eligible for the 2021 scholarship, please ( ✓ ) check that you have attached the following documentation in this **exact order**. Please ensure ALL requirements and documents are included in your application to be considered. We will not follow up on any incomplete applications.

- #1: Completed and signed application form;
- #2: Photocopy proof of Canadian citizenship or permanent residency with date of birth;
- #3: At least one audiogram documenting hearing loss of 50dB or greater, pure tone average, in each ear (50dB or greater in the left ear AND 50dB or greater in the right ear);
- #4: Proof of Fall 2021 acceptance to an accredited post-secondary institution;
- #5: Community Involvement Checklist with supervisor names/contact information, as outlined in Section 2;
- #6: Two (2) Referral Forms submitted via email by your references as outlined in Section 3; and,
- #7: Typed 12-pt font, 250-word essay in English or French, or YouTube link or Dropbox shared link (**NO Google Drive shared links**) to a 6-minute video in ASL/LSQ, as outlined in Section 4.

Please send the above materials to [giving@chs.ca](mailto:giving@chs.ca) in a single PDF attachment with the subject line: "Application for 2021 Canadian Hearing Services Scholarship," **no later than 4:00 p.m. E.S.T. on May 25, 2021**. **ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

For additional information, please visit [chs.ca/scholarship-program](http://chs.ca/scholarship-program), email [giving@chs.ca](mailto:giving@chs.ca) or call the Fundraising Department at 1-866-518-0000 ext. 4185.

**Canadian Hearing Services gratefully acknowledges our generous donors and corporate partners for providing ongoing funding to support this important program.**

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### Declaration of Interest

I have read the eligibility requirements and have submitted the required documentation to be considered for a national scholarship award from Canadian Hearing Services, as outlined in this application form. I understand I may only use the scholarship for tuition, residence or educational resources, and I agree that my name, personal story, video and photographs may be used for promotional purposes by Canadian Hearing Services.

Applicant / Guardian Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_