



# Canadian Hard of Hearing Association Association des malentendants canadiens

## The Canadian Hard of Hearing Association Sudbury Branch Student Bursary

The Canadian Hard of Hearing Association Student Bursary Program was established in 2008. This Program is supported by donations of the Canadian Hard of Hearing Association (CHHA), Sudbury Branch fundraising program.

The mandate of CHHA is to encourage awareness of hearing loss and our mission statement is, *“CHHA is the national voice of all hard of hearing Canadians. It is a non-profit, self-help, bi-lingual consumer organization run by and for persons who are hard of hearing. The philosophy of CHHA is to produce knowledgeable hard of hearing consumers who understand how to have their needs met. Its mission is to raise public awareness concerning issues that are important for persons who are hard of hearing, to promote their integration in Canadian society, to re-move any barriers to their participation and to generally make every community in Canada a better place for persons who are hard of hearing.”*

The Canadian Hard of Hearing Association Bursary is available to full-time students in any program attending one of the three post secondary institutions in North Eastern Ontario. The funds are to be used for tuition or to purchase equipment or learning tools that are necessary to pursue the recipient's educational goals.

Applicants are requested to read the attached criteria for eligibility and provide all the information required. The selection of award recipients will be made by the Bursary Committee. The decisions of the Committee are final.

Please ensure that all necessary documentation is completed, signed, and that all supporting material is enclosed (copies are acceptable as applications will not be returned). All applications must be received by **July 30<sup>th</sup> each year**. Late, unsigned or incomplete applications will not be considered nor will applications be accepted by e-mail or fax. Please mail your completed application to:

Canadian Hard of Hearing Association  
435 Notre Dame Ave, Suite 101  
Sudbury, ON P3C 5K6  
Voice: (705) 523-5695 Fax: (705) 523-8621  
e-mail: [chha@vianet.ca](mailto:chha@vianet.ca)



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## POLICY AND PROCEDURES

1. Applicants to this Bursary Program **must** be either hard of hearing, deafened or oral deaf. Support documentation is required.

The Canadian Hard of Hearing Association (CHHA), Sudbury Branch, generally accept the following terms:

### **Hard of Hearing**

A person with any level of hearing loss, from mild to profound, whose primary method of communication is the spoken language.

### **Deafened**

A person with profound level of hearing loss acquired in adulthood (hearing loss occurred after learning oral communication).

### **Oral Deaf**

A person with a profound level of hearing loss, occurring congenitally or with an onset early in life, whose primary method of communication is the spoken language.

2. Eligible applicants may be first-time or returning post-secondary students, registered in a full-time program at one of the recognized Colleges or University within North Eastern Ontario. Field of study is not a factor in the selection process.
3. Eligibility for this Bursary is based on an overall assessment of the applicant. Applications will be judged by a number of criteria including academic achievement, determination to cope with hearing loss, and community involvement.
4. Successful applicants will be notified as soon as selection has been made. Funds will be distributed upon receipt of proof of registration. An agreement to this effect will be signed by the recipients and the appropriate CHHA authority. Please note: Bursary's **are taxable income**.
5. Recipients must agree that names and/or photographs may be used for promotion of the Bursary Program and to encourage future applicants. Mediums may include the annual CHHA Conference and Annual General Meeting, Resonance Newsletter, local newspapers (in the recipients community) and a press release to national media.



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**SECTION 1: APPLICANT INFORMATION**

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

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

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone/TTY: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
(mm/dd/yy)

I consider myself to be:

- |  |  |
|--|--|
| <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Oral deaf             |
| <input type="checkbox"/> Late deafened   | <input type="checkbox"/> Other (specify) _____ |

**The following information must be provided to ensure eligibility for this Bursary.**

**SECTION 2: APPLICANT INFORMATION**

Age when hearing loss was diagnosed \_\_\_\_\_

Cause (if known).....

Do you wear hearing aids? \_\_\_Yes \_\_\_ No If yes, how many? \_\_\_\_\_

Do you have a cochlear implant? \_\_\_Yes \_\_\_ No If yes, when were you implanted? \_\_\_\_\_

Do you have any other sensory or mobility disability in addition to your hearing loss? \_\_\_Yes \_\_\_No

If yes, please explain the nature of this disability.....  
 .....  
 .....

**You must include an audiogram signed and dated by an audiologist.**



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**SECTION 3: CLASSROOM ACCESSIBILITY NEEDS**

Please explain how you address your hearing loss in the classroom. Outline any accommodations you have requested and received (assistive devices, notetakers, preferred seating etc.)

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**SECTION 4: EDUCATION**

**You must include a transcript for your 2 most recent year/semester/term of study.**

I am currently registered at \_\_\_\_\_ Year of study \_\_\_\_\_

Program of study \_\_\_\_\_ Length of program \_\_\_\_\_

- I am a high school graduate entering my first year of post-secondary education.
- I am a full-time college or university student and have already begun my post-secondary education.
- I am a mature student returning to school at the post-secondary level.
- Other \_\_\_\_\_

Please outline your recent education history:

	Name of High School/College/University	Program (if applicable)	Diploma/Degree Received
1			
2			
3			

Please outline your educational goals (i.e. to obtain College Diploma, University Degree etc.)

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Please outline your career aspirations:

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### SECTION 5: ADVOCACY/AWARENESS

Yes    No   I am a member of the Canadian Hard of Hearing Association (CHHA)

Other   (Specify) \_\_\_\_\_

Please give an example of a time, if any, when you promoted awareness of hearing loss issues:

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Please give an example of an occurrence, if any, when you identified yourself as a person with hearing loss:

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### SECTION 6: PERSONAL STATEMENT

Please outline any past achievements, personal highlights and/or participation in sports, clubs or organizations. Describe your plans for the future, including your career aspirations or any other goals you hope to achieve. You must include this information as an attachment, typed, not to exceed 500 words.



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### SECTION 7: LETTERS OF REFERENCE

Please include two letters of reference, typed, not to exceed 500 words. References must be from someone **other than** your immediate family or anyone living in your household.

Thank you for your application for the Canadian Hard of Hearing Association Bursary Program. Your submission will be carefully reviewed by the Bursary Committee, and you will be notified in writing whether or not your application was successful. Bursary's are granted on a one-time basis, though you may apply in successive years if this application is not selected. Please note that the decisions of the Bursary committee are final.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### CHECKLIST

**Please ensure that your application package contains the following documents:**

- This completed application form
- A signed audiogram
- A copy of your most recent school transcript
- A personal statement
- Two letters of reference