

**CHILDREN'S HEARING & SPEECH CENTRE OF BC**  
Annual Scholarship Award for Students with Hearing Loss  
Reference Letter

Name of Applicant: \_\_\_\_\_

- How long, and in what capacity have you known this student?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- In your comments, please include:

- a) Your rating of the applicant's ability to communicate orally with others.
- b) Your impressions of the applicant's strengths and weaknesses.
- c) Your impressions of the applicant's ability to succeed in his/her chosen program.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please use additional page as needed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail to: Scholarship Committee  
Children's Hearing & Speech  
Centre of BC  
3575 Kaslo Street  
Vancouver, BC V5M 3H4  
Fax: (604) 437-0260  
e-mail: *info@childrenshearing.ca*

**CHILDREN'S HEARING & SPEECH CENTRE OF BC**  
Annual Scholarship Award  
for Students with Hearing Loss

SCHOLARSHIP APPLICATION

**Nature of Scholarship:**

This scholarship is in the amount of no more than \$1,000 per annum. The Scholarship may be awarded to one student, or divided among two or more students at the discretion of the committee.

The scholarship will be awarded after confirmation of the student's acceptance at a post-secondary institution is received.

The scholarship committee will be composed of the Principal of Children's Hearing and two Board members (not Children's Hearing parents). Committee members will be replaced on a rotating basis, to ensure continuity of standards.

The application will not be considered complete until two references have been received. It is the applicant's responsibility to arrange for these to be done, and they must be mailed directly by the referee to the scholarship committee. All decisions of the committee are final.

**Criteria for Application:**

Any past or current student of Children's Hearing who has applied to, or who is already enrolled in a post-secondary education program is eligible to apply.

The student must use speech and residual hearing, and/or speech reading as their preferred, customary form of communication. Financial need is not a necessary criterion for application.

**Full name of applicant:** \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

**Hearing and Communication**

Were you born with a hearing loss? \_\_\_\_\_ To what degree? \_\_\_\_\_  
 If not, at what age did you become hearing impaired? \_\_\_\_\_  
 Age at which hearing loss was discovered? \_\_\_\_\_  
 Age at which you began wearing hearing aids \_\_\_\_\_  
 Do you wear one aid \_\_\_\_\_ two aids \_\_\_\_\_ Cochlear Implant \_\_\_\_\_  
 Do you have any other disabilities? (please, specify) \_\_\_\_\_  
 \_\_\_\_\_

What methods of communication do you utilize? To what extent?

<b>Options</b>	<b>Regularly</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>
Speaking				
Writing				
Cued Speech				
Speechreading (Lipreading)				
Oral Interpreters				
Fingerspelling				
Sign Language				
Sign Language Interpreters				

How would you rate your general ability to understand others?

Poor \_\_\_\_\_ fair \_\_\_\_\_ average \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_  
 Comments, if any: \_\_\_\_\_  
 \_\_\_\_\_

How would you rate your ability to use your residual hearing to understand speech?

- I depend on residual hearing to a great degree.
- My residual hearing is of some help to me.
- My residual hearing is of no help to me.

**Career Objectives:**

- I am currently attending \_\_\_\_\_ post -secondary institution, and my main area of study is \_\_\_\_\_
- I am not currently enrolled in a post secondary program, but have applied to \_\_\_\_\_
- I have been accepted by \_\_\_\_\_
- My major area of study will be \_\_\_\_\_



Please tell us a little bit about yourself, your goals in life, and what is important to you:

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How has your hearing loss influenced you?

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(use other side if necessary)

*I understand that receipt of any award money is contingent upon my full-time attendance in a post-secondary program. I certify that, to the best of my knowledge and belief, all information contained in this application is true and accurate.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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