

LOUISE CRAWFORD SCHOLARSHIP Scholarship Award Application

If necessary, please attach a separate sheet of paper.

I. Information about the applicant:

Applicant's Name:

(First) (Middle) (Last)

Permanent Address:

(Street) (Apt. #)

(City) (Province) (Postal Code)

Date of Birth: ____/____/____ Age: ____ Male Female

Citizenship: _____

Are you a Canadian resident: Y/N

Contact number: _____ Email: _____

Parent/Guardian's Name:

(First) (Middle) (Last)

Address:

(Street) (Apt.#)

(City) (Province) (Postal Code)

Contact number: _____ Email: _____

II. Hearing and Communication:

1. Were you born with hearing loss? Y/N
2. If no, at what age did you lose your hearing?
3. Do you have hearing loss in both ears? Y/N
4. When and where were you diagnosed with hearing loss?
5. What is the cause (if known) of your hearing loss?

6. When did you first receive your hearing technology? Please explain if you use hearing aids, cochlear implants, or both.

7. Do you have any other disabilities? If yes, please outline in the space below.

8. Please circle the answer that best describes your ability to use your residual hearing in understanding speech:

- i. I depend on my residual hearing to a great degree.
- ii. I depend on my residual hearing to some degree.
- iii. My residual hearing provides me with little assistance in understanding speech.
- iv. My residual hearing is of no use in understanding speech.

III. Louise Crawford College Scholarship Award

- 1. Have you received a Louise Crawford Scholarship Award in the past? Y/N
- 2. If yes, please list the year(s), and amount(s):

IV. College/University/Career Objectives:

Check all that apply to your situation:

I am currently in my _____ year of:

High School College/University Other: _____

I have applied to _____ and am:

Accepted Awaiting Acceptance

My area(s) of study will be: _____

My career objective is: _____

VI. Funding:

Please indicate the costs for college/university.

Tuition:	\$ _____
Room and board:	\$ _____
Other costs:	\$ _____
Total:	\$ _____

Please list your sources of funding.

Student/applicant:	\$ _____
Family:	\$ _____
Employment:	\$ _____
Federal or provincial grant(s):	\$ _____
Scholarships and loans:	\$ _____
Total:	\$ _____

VII. Essay:

Please submit an essay of 1 to 3 pages discussing how you live with your hearing loss, your scholastic aspirations and your career aspirations. Please describe dreams and goals you wish to accomplish. We are also interested in learning about your family's involvement with VOICE.

The essay becomes the property of VOICE.

ACKNOWLEDGEMENT

This is an acknowledgement that I, _____ understand that receipt of award funds is contingent upon my future, current or previous full-time attendance at a college or university. If I am a recipient, I give permission to the Louise Crawford Scholarship Committee and/or its designees to release any and all information to other persons, including the media.

Further, I certify that to the best of my knowledge, all information contained in the application is true and accurate. I understand that all decisions made by the Louise Crawford Scholarship Committee are final, and that I have no right of appeal.

Name of Applicant (Please print)

Signature of Applicant

Date