

## **New application guidelines starting 2020**

- This application is for all **new** scholarship applicants.
- Up to \$2000.00, one time only, lifetime limit.
- Previous scholarship recipients will not be eligible.
- Application is for courses at the BA level and below.
- Applicants must have been a BC resident for 5 years or more.
- Applicants applying for a scholarship must demonstrate financial need.

## **BC Deaf Community Scholarship Tuition Application Form**

Applications should be submitted at least 3 months before the program starts.  
Additional instructions and information are on pages 4 to 6.

### ***A) Personal Information***

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Texting number: \_\_\_\_\_

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

### ***B) Program Information***

Name of college or university: \_\_\_\_\_

Private institution  or Public institution

Program name: \_\_\_\_\_

Length of program: \_\_\_\_\_

Date you applied to the institution: \_\_\_\_\_

Name of your adviser: \_\_\_\_\_

E-mail of your adviser: \_\_\_\_\_

Have you been accepted? Yes  No

If "Yes", what is your student number: \_\_\_\_\_

If "No", when will you be notified of your acceptance? \_\_\_\_\_

List any requirements you still need to complete:

\_\_\_\_\_

### ***C) Cost Information***

Tuition Costs: \_\_\_\_\_

Other Costs (list): **Please note that BCDST scholarships do NOT pay for interpreters.**

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

### ***D) Goal Statement***

Why do you want to take this program?

How will this program help you reach your goals?

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

### ***E) Other Information***

Have you previously applied for any other scholarships or bursaries from BCDST?

Yes  No

If yes, please provide the name and other details (year and course or program):

\_\_\_\_\_

Did you complete the program? Yes  No

**F) Briefly describe your involvement in the Deaf community (see page 4)**

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**G) How long have you lived in BC? What date did you arrive?**

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**H) What is your annual salary?**

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**I) Please attach any of the following documents that you have**

- Details of your intended program
- Letter of acceptance
- Any other documents from the college or university that may be helpful in processing this application
- Most recent audiogram

**J) Signature and Consent for Promotional Release**

I give consent to the BC Deaf Scholarship Trust (BCDST) to use my name and/or photo in public/program reports and/or promotional material, including the BCDST website. (This decision will not affect any eligibility for a BCDST Scholarship.)

Yes  No

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

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

# Instructions and Further Information for the BC Deaf Community Scholarship Application

The BC Deaf Scholarship Trust (BCDST) is offering a limited number of BC Deaf Community Scholarships. These Scholarships are designed to support the unique educational and learning needs of the British Columbia Deaf Community, including JHLT Class Action Members.

Up to \$2,000, one time, is available if you have been accepted in a College or University Program. The actual amount depends on the cost of the program and the applicant's ability to pay the remainder of the funds required.

A committee established by the BC Deaf Scholarship Trust makes the selection of scholarship recipients. No Class Members or current BCDST Trustees are on this selection committee.

**Send the completed form to:** [info@bcdst.ca](mailto:info@bcdst.ca) or

BC Deaf Scholarship Trust  
Attn: Scholarship Committee  
PO Box 50051  
South Slope  
Burnaby, BC  
V5J 5G3

## **Section A – Personal Information:**

Fill in your personal information, so the scholarship committee can contact you with any questions and can contact you if you are eligible for the scholarship.

## **Section B – Program Information:**

Fill in the information about the college or university program, so the scholarship committee can confirm that the program meets the scholarship requirements.

**Name/e-mail of your adviser:** Fill in this information, so the Scholarship Committee can confirm details without causing a delay in approving the scholarship.

### **Is the institution private or public?**

If it is a private institution, you will have to arrange interpreters yourself.

**BCDST scholarships do NOT pay for interpreters.**

**Program name:** If it is a university degree program, please write the type of degree (for example, B.A. or B.Sc.) and your major (for example, History).  
If it is a college program, please write the type (Diploma or Certificate) and major (for example, Soils Technology).

**Section C - Cost Information:**

List any books or equipment that are required for the program. Be sure to include proof from the institution.

**BCDST only pays tuition directly to the institution. BCDST does NOT reimburse students for courses or programs they have paid for.**

**Section D – Goal Statement:**

Write a short statement explaining why you want to take this program and your future goals.

**Section E – Other Information:**

Other scholarships or bursaries from BCDST  
This information helps us keep track of our statistics.

**Section F – Involvement in the Deaf community:**

A condition of eligibility for the BC Deaf Community Scholarship is either membership in the BC Deaf community or BCDST Class Action membership. The primary indicator of membership in the BC Deaf community is the use of ASL (American Sign Language) in daily life. The use of ASL along with a hearing loss with a greater than 55 dB level would be the clearest way to show that you are a member of the culturally Deaf community in BC.

Other indicators of membership in the BC Deaf community could include:

- Participation in Family Network for Deaf Children and Deaf Youth Today recreation programs
- Attending Family Deaf Camp on Hornby Island
- Playing on a Deaf sports team
- Attending regional, provincial, national or international Deaf youth or adult events with other signing Deaf people
- Attending a district resource program for signing Deaf students
- Being a student at BC School for the Deaf or Vancouver Community College Deaf and Hard of Hearing Department
- Socializing primarily with other signing Deaf and Hard of Hearing youth or adults
- Being on the board of a Deaf organization

**Section G – Resident in BC:**

Attach any information you think will help, a copy of your birth certificate if born in BC.

**Section H – Annual Salary:**

Attach any information you think will help, including a photocopy of your pay check or income tax statement.

**Section H – Attachments:**

Attach any information you think will help, including the documents listed.

**Section I - Signature:**

Be sure to sign and date the form!

For more help or questions contact the BCDST Administrator at [info@bcdst.ca](mailto:info@bcdst.ca)

# BCDST Hearing Loss Verification Form

## General Information

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

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

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

Texting number \_\_\_\_\_

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

Deaf with sign language     Deaf with no previous sign language

## Hearing Loss Information

Cause of hearing loss \_\_\_\_\_

Age when hearing loss occurred \_\_\_\_\_

Level of hearing loss

Mild     Moderate     Severe     Profound

Audiogram     Yes     No

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

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