

BC Deaf Scholarship Trust

CA Bursary (up to \$1000.00) for Continuing Education Application

Applications should be submitted at least 3 months before the course starts.

A) Are you a Class Action member? Yes _____ No _____

B) Personal Information

Last Name: _____

First Name: _____

Mailing Address: _____

Postal Code: _____

TTY Number: (_____) _____

Texting Number: (_____) _____

E-mail address: _____

C) Course Information

Community Centre, School, College or University:

Course Name: _____

Length of course: _____

Date of course: _____

Registration fee due date: _____

Name/phone number of school: _____

D) Please attach any of the following documents that you have:

- Information on the course you want to take - (e.g. course name, fee, dates, registration fee due date)
- Copy of your driver's license or BC ID
- Any other document that you have received that you think may be helpful
- an audiogram

(Please Sign the Application on the next page)

E) Signature and Consent for Photo Release:

If I receive a BCDST CA Bursary for Continuing Education, I understand that my name and/or picture may be used in public/program reports and /or promotional material, including the www.bcdst.ca website.

I give consent to 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 my eligibility for a BCDST Bursary. YES ____
NO ____

By signing below I am confirming that all information is complete and accurate.

(Your Signature) _____

(Today's Date) _____

Privacy Statement: The information on this form is collected solely for the purpose of determining eligibility for a BCDST Bursary. This information will be kept confidential.

Send this form to:

BC Deaf Scholarship Trust (formerly JHLT)
Attn: BC Deaf Community Scholarship Committee
PO Box 50051
South Slope
Burnaby, BC
V5J 5G3

e-mail - info@bcdst.ca