

**Saskatchewan AG Bell Association - Post-Secondary Scholarship Application for
Students With Hearing Loss**

Full Name _____

Street Address _____

City/Town _____ Postal Code _____

Date of Birth _____ S.I.N. _____

Phone Number _____ E-mail Address _____

Do you have a permanent hearing loss? Yes _____ No _____

Current Member of Sask AG Bell? Yes _____ No _____ (Non-members are eligible to apply)

Post-Secondary Program and Institution _____

Length of Program _____ Year in Program _____

What support services do you require? (For example, oral or sign interpreters, note takers, tutors, etc.)

What are your career goals? _____

On a separate sheet of paper, please list:

1. Estimated expenses associated with your program and support services
2. Scholarships that you applied for and amounts that you were awarded
3. Support/funding that you expect to receive from Canada-Saskatchewan Student Grants for Students with Permanent Disabilities

Please include with your application:

1. One letter of reference from a teacher or professor
2. A transcript of marks (high school or post secondary) Photocopy is acceptable

Send application to: Wendy White, 145 Clearwater Road, Saskatoon, SK, S7K 3Y8

Signature of Applicant _____ Date _____