

BC Deaf Scholarship Trust Deaf Mainstreamed Students

The BC Deaf Scholarship Trust (BCDST) is a trust established by the settlement agreement resulting from the Jericho Hill School class action suit. One of the trust's goals is to establish various scholarships for students with hearing differences who are pursuing post-secondary education in BC. Comprehensive information can be found here <u>www.bcdst.ca</u>. The scholarship applications are received and awarded by the Provincial Outreach Program: Deaf and Hard of Hearing (POPDHH) in collaboration with a scholarship selection committee comprised of educators and members of the Deaf community.

APPLICATIONS MUST BE RECEIVED BY FRIDAY, JUNE 12, 2020

Scholarship Details

- A \$2,000 scholarship will be awarded annually.
- In the case of a tie, the selection committee may, at their discretion, award two (2) scholarships of \$1,000 each.
- The selection committee may choose not to award the BCDST funds if no suitable student can be selected.
- The selection committee may choose to award two (2) scholarships of \$2,000 each if funds are available because a scholarship was not awarded in the previous year.

Scholarship Criteria

Applicant is evaluated on:

- Demonstration of leadership skills
- Exceptional community service
- Level of academic achievement

Applicant must be a:

- Resident of BC
- Deaf student in a mainstream placement who communicates primarily using American Sign Language

- Graduate of Grade 12 with a Dogwood Diploma, or receiving a BC School Completion Certificate (Evergreen Certificate)
- Student with a minimum of a C+ average at the last report of grades and/or who is eligible for entry into a post-secondary education program

Applicant must submit:

- Application form
- High school transcript
- Details of post-secondary program
- Proof of acceptance to a post-secondary program (or if acceptance is pending, proof of application with expected date of acceptance)
- Resume
- Statement outlining exceptional leadership skills and community service activities in two (2) formats: typed letter (max 500 words) and vlog (please provide URL for viewing or video on a USB drive)
- Reference letter in support of application from an educator or school administrator



BCDST - SCHOLARSHIP APPLICATION PACKAGE

General information:

- Applicant will be notified by email of recipient status by the end of the school year.
- Please notify POPDHH of any changes to the email address or permanent mailing address given on the application form.
- A social insurance number must be provided upon request (for a T4 to be issued to a successfully candidate).
- POPDHH will pay the scholarship directly to the post-secondary institution where the recipient will be attending.
- A student may have up to five years to apply his or her scholarship to their tuition at a public or private postsecondary institution. If a scholarship is not paid out after five years, the funds will be available to be awarded to another eligible student.
- The POPDHH will report annually the name(s) of the scholarship recipients, and the status of the BCDST
- Scholarship Funds to the BCDST Board of Trustees. A member of the BCDST board may be available to present the scholarship to the recipient at their graduation ceremony.

Please send all documents for application either by email (in one email message that includes all relevant links and attachments), or a single physical parcel.

Submit to: Terry Maloney, Vice Principal POPDHH BC School for the Deaf 4446 Watling Street, Burnaby BC V5J 5H3 or email: <u>office@popdhh.ca</u>

Information for Reference

(to be completed by educator or administrator in support of student's application)

Please be sure to include the following information in your letter:

- ✓ Your Name
- ✓ Title/Position
- ✓ School District
- ✓ Best contact (phone and/or email)
- ✓ Date
- ✓ Student's name
- ✓ Brief statement in support of the student's application (point form is fine)

The reference letter must be received with student's application package by June 12, 2020.





Application Form

(to be filled in electronically by student)

Contact inform	nation		
Name:			Date of Birth:
Mailing Addres	s:		City:
Province: Postal Code:			Telephone Number:
Email Address:	:		
Education			
Current School			
School District Number:			Graduation Ceremony Date:
Post-Seconda	ry Program Ir	nformatio	n
Institution:			Program or Faculty:
Date of Application:			Length of Program (in years):
Description of o	certification or	degree:	
			Anticipated Date of Acceptance:
Link to vlog:			
Enclosed with	Application For	rm:	

✓ High school transcripts

- ✓ Proof of acceptance into post-secondary program
- ✓ Resume
- ✓ Statement in two formats (written and vlog)
- ✓ Reference from educator or administrator