

The Bonnycastle Scholarship and Bursary Fund

The Bonnycastle Scholarship and Bursary Fund was established by Hear Québec to honour Dale Bonnycastle, one of the founding members of the organization. Dale continues to be an active volunteer at the organization and sits on the board of directors as vice-president.

As a retired audiologist, Dale knows very well that untreated hearing loss can cause more than just an inability to hear; untreated, hearing loss can have severe social and emotional consequences including depression, isolation, and loneliness.

The Bonnycastle Scholarship and Bursary Fund will assist a person with hearing loss (hard of hearing, oral deaf or late-deafened) with the acquisition of an assistive device or service that will enhance accessibility in their environment. The assistive device or service may be required for a number of reasons: to enhance communication, to enable the pursuit of studies, to integrate into social/educational or other activities, and for increased safety.

Eligibility Criteria:

1. Applicant is a member of Hear Québec;
2. Applicant is 16 years or older;
3. Applicant is a Canadian citizen or a permanent resident under the *Immigration and Refugee Protection Act* or a Registered Indian under the *Indian Act*;
4. Applicant uses spoken language as a primary means of communication;
5. Applicant is experiencing financial hardship;
6. Applicant is not eligible for this assistance under any other program (e.g. RAMQ/Québec Health Insurance);
7. Priority will be given to the English-speaking community

Application Procedure:

The deadline for applications is 5 pm on April 17th, 2020 with a decision announced at our Annual General Meeting. The application must include:

1. A completed application form which can be downloaded here: <https://hearhear.org/scholarships-and-bursaries/> or obtained from the office;
2. A recent audiogram (within one year) with a written audiological report;
3. Consent to a financial evaluation (documented proof of financial status);
4. A written explanation of no more than 800 words detailing the reasons for applying and the desired impact the device or service will have on your life. **Hearing health professionals are encouraged to support and assist in the application procedure.**

Selection Procedure:

The number of successful candidates is limited to the amount of funding available. The application period opens in January each year and ends April 1st. The candidate chosen will be announced at the Annual General Meeting (AGM).

1. Only completed applications with all supporting documents will be considered by the committee, which is comprised of Dale Bonnycastle, the Executive Director, and a serving board member.
2. The method of distributing the funds will be decided on a case-by-case basis.
3. Recipients must agree to sign a photo release form and consent to have their name and photo used in the **HEARHEAR** Magazine, Annual Report, Hear Québec website and social media.
4. An interview may be requested.

THE BONNYCASTLE SCHOLARSHIP & BURSARY FUND APPLICATION FORM

Contact Information:

SECTION 1: APPLICANT INFORMATION

Full Name:

Address:

City:

Postal Code:

Phone:

Cell:

Email:

Date of birth:

Gender:

☐ Male

☐ Female

☐ Other

Citizenship:

Are you a member of Hear Québec?

☐ Yes

☐ No

If yes, since when?

Have you attached proof of financial status (hardship), employment/social aide record, and income tax record for the previous year? If you are a student, please include your status.

☐ Yes

☐ No

Are you are a hearing aid/implant user?

☐ Yes

☐ No

If you wear an assistive hearing device, is it:

☐ Unilateral

☐ Bilateral

When did you receive your hearing aid/implant?

If don't have a device, please explain why?

Do you have any other disabilities in addition to your hearing loss? Please explain

☐ Yes

☐ No

Are you covered with private insurance or RAMQ/Québec Health Insurance? Please explain.

☐ Yes

☐ No

SECTION 2: SERVICE OR DEVICE REQUESTED

In no more than **800 words**, please explain your reason(s) for applying for this scholarship and how the device or service would help you. If you need more room be sure to attach a separate explanation to this form.

What type of device or service do you wish to acquire?

How will this device or service impact your life?

Where can this device be purchased and how much will it cost? \$ _____

How much financial assistance are you requesting? \$ _____

Is there anything else that you would like the committee to consider for your application?

Signature: _____ Date: _____
