

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 Quebec;
2. Applicant has a diagnosed hearing loss;
3. Applicant is 16 years or older;
4. Applicant is a Canadian citizen or a permanent resident under the ***Immigration and Refugee Protection Act*** or a Registered Indian under the ***Indian Act***;
5. Applicant uses spoken language as a primary means of communication;
6. Applicant is experiencing financial hardship;
7. Applicant is as an individual, not an organization;
8. Applicant is not eligible for this assistance under any other program (e.g. RAMQ/Québec Health Insurance);

Priority will be given to the English-speaking community

Recipient Responsibilities:

Recipients of the bursary/scholarship are required to:

- Place any awarded equipment under their home insurance coverage, if possible.
- Participate in recommended support programs (e.g., peer mentoring), as suggested by the Bursary Committee.
- Sign a photo release form and consent to having their name, image, and story used in HEARHEAR magazine, the Annual Report, the organization's website, and social media.
- Be available for an interview, if needed.

Terms of the Award

- No funds are given directly to the recipient. Hear Quebec pays directly for approved equipment or services on behalf of the recipient.
- Funding is limited to one device or service per recipient under this bursary.
- Funding distribution is determined on a case-by-case basis.

Application Procedure:

Applications are accepted continuously.

Email a completed application form to info@hearquebec.org or mail to Hear Quebec.

A complete application includes:

- Recent audiogram (less than 10 months old)
- Audiological case history (provided by audiologist)
- Notice of assessment for previous year, provincial or federal (all pages)(parent's or guardian's notice if under 18)
- Notice of assessment of the spouse for previous year, provincial or federal (all pages) (parent's or guardian's notice if under 18)
- Municipal tax account if you own your home or condo (parent's or guardian's notice if under 18)
- A written 1-2 page statement outlining:
 - Applicant's activities
 - Applicant's current hearing aids (model, year, which ear)
 - Applicant's needs, reason for applying, and expected impact of the device/service on the their life

Optional but highly encouraged:

- Letter of support from a hearing health professional, educator, caregiver, CLSC employee, doctor, or supervisor. Hearing health professionals are encouraged to support and assist in the application procedure.

Only completed applications with all supporting documents will be considered by the committee.

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 you don't have a device, please explain why.

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

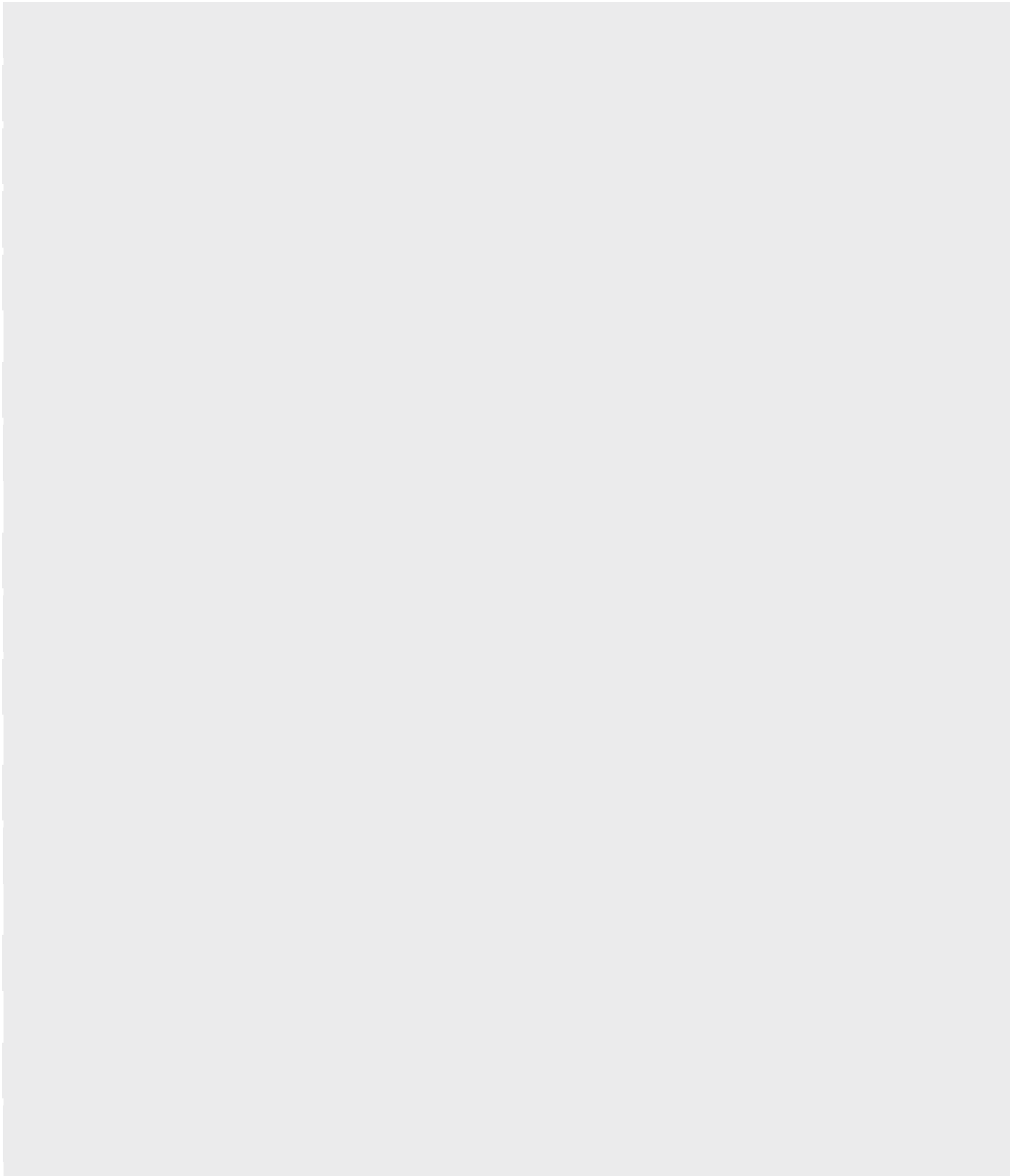
Yes No

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

Yes No

SECTION 2: SERVICE OR DEVICE REQUESTED

In **700 - 1000 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?

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: _____