



# APSEA

Serving Children and Youth Who are Deaf,  
Hard of Hearing/Blind or Visually Impaired

## APSEA Diversity Bursary

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### APSEA Diversity Bursary

APSEA recognizes that there are a disproportionate number of individuals belonging to equity seeking groups who face barriers while pursuing post-secondary programs in the specialized fields supporting individuals who are Deaf or hard of hearing (DHH). APSEA aims to reduce barriers and create a more inclusive professional body by offering 2 bursaries worth up to \$5,000 each to individuals from equity seeking groups.

**The application deadline is:** May 1<sup>st</sup> annually

Please submit all questions and/or completed applications to the following by mail, fax or email:

**Attention: Diversity, Equity & Inclusion Consultant**

**5940 South Street, Halifax, NS B3H 1S6**

**Fax: 902-423-8700**

**Email: [dhh@apsea.ca](mailto:dhh@apsea.ca)**

### Criteria

Applicants must:

- Identify as Indigenous, African Canadian, Black, a person of colour, a person with a disability, 2SLGBTIQ+, Deaf, hard of hearing, deafblind, blind, visually impaired, or a member of other equity seeking groups.
- Reside in one of the 4 Atlantic Provinces: Nova Scotia, New Brunswick, Prince Edward Island, or Newfoundland and Labrador.
- Be registered in a Canadian post-secondary program such as: American Sign Language/English Interpretation programs, ASL and Deaf Studies Programs, Honours Bachelor of Interpretation (ASL–English), Deaf and Hard of Hearing (DHH) Teacher Education Programs, Master’s degree in Education of students who are deaf or hard of hearing, and other applicable programs in the fields of DHH.
- Submit proof of enrollment letter or course registration. The applicant’s program must be one with tuition and associated fees.
- Submit a short essay (under 500 words), video, or creative submission, explaining community involvement and how you foresee future involvement in your community as well as serving children and youth who are deaf or hard of hearing.

**How we choose**

Applications are reviewed by a selection committee. When reviewing applications, the committee will consider the following:

- Your lived experience and personal circumstances
- Your educational goals, career aspirations and how this bursary can help you attain them

**How to apply**

- 1) Complete the application form.
- 2) Check the application for details on all required supporting documents.
- 3) Send your completed application and supporting documents by mail/email.



## APPLICATION FORM

### APSEA DIVERSITY BURSARY

<b>Applicant Name:</b>	
<b>Home Address:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	

<b>ACADEMIC INFORMATION:</b>							
Permanent Resident of Atlantic Canada			Yes		No		
Proposed Program of Study							
Educational Institution							
Year of Study	First		Second		Third		Fourth
Anticipated Date of Graduation							
Briefly outline your future career or profession.							

<b>DESCRIPTIVE INFORMATION:</b>	
Requested amount of funding	
Intended use (e.g. Tuition and fees, required course materials, housing, etc.)	

Additional requirements for **Diversity Bursary** applicants:

- A short essay or creative submission with your name on it.
- A letter of enrollment confirmation from university or college (tuition receipt or letter from Registrar's Office or an instructor).

**I certify that the information on this application is, to the best of my knowledge, true and complete.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Successful applicants will be notified in writing.  
Payment will be made once all requirements are met.***

**FOR APSEA STAFF USE:**

<b>Application Approval</b>	
<b>Date Application Reviewed:</b>	
<b>Application Approved:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Amount Approved for Payment:</b>	
Additional requirements for approved <b>Diversity Bursary</b> applicants. Must be received prior to payment.	
Letter from Admissions Office verifying enrolment, dated <b>after</b> the program has begun	Date Received
Applicant's Social Insurance Number (enter in box)	XXX-XXX-XXX

<b>Payment Approval</b>	
<b>Signature of Director of Finance &amp; Administration:</b>	
<b>Date:</b>	