



# CDDBA WAYNE TURNBULL MEMORIAL SCHOLARSHIP



## APPLICATION FORM

This form is a fillable PDF. If you prefer to fill this form in by hand, you must print all your answers neatly in ink. Application responses may be sent via email or mailed to the address at the bottom of form.

**Name:** \_\_\_\_\_  
Last First MI.

**Address:** \_\_\_\_\_  
Number and street  
\_\_\_\_\_  
City Province Postal Code  
\_\_\_\_\_  
Phone # Cell # email address

**Focus of Intervenor Studies:** \_\_\_\_\_

**Accredited Educational Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check appropriate box:**  in-person learning  
 online learning

**Application must be submitted by May 31<sup>st</sup> and include the following:**

- 1 Two (2) letters of reference submitted directly from the referee to the scholarship committee at address at bottom of application form
  - > one academic/professional reference
  - > one personal reference
- 2 Proof of school registration status
- 3 One to two page letter of intent from applicant (what is your motivation for taking this course of study)

**CERTIFICATION OF APPLICANT:** I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact references for additional information.

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

**Email** [info@cdbanational.com](mailto:info@cdbanational.com)

**Address:** Canadian Deafblind Association  
1860 Appleby Line, Unit 14  
Burlington, Ontario L7L 7H7