
The Alberta Association of the Deaf

Michael Rodda Award

1. Complete this application form, including financial information section.
2. Please provide i) transcripts, ii) audiogram, iii) proof of membership in AAD, and iv) an outline of any additional involvement in the deaf community, for more details, refer to the conditions in the award description.
3. Deadline September 30. Late application will not be accepted.

Personal Information:

| _____ | _____ | _____ |
Surname: Given name: U of A ID#

Address: _____

City: Province: Postal Code:

E-mail: Telephone #

Birth date: Social Insurance Number:

Citizenship: Canadian Permanent Resident

Student Visitor - Citizen of _____

Number of years lived in Alberta: _____ Number of years lived in Canada: _____

Year of program completed (as of current academic year): 1 2 3 4 5

Faculty: _____

Major: _____ Honors: yes no

Faculty to be registered in as of September: _____

Major: _____

Nature of disability: _____

Financial Information:

1. Complete this financial section **ONLY** if the award you are applying for lists financial need as a criterion.
2. Please complete your calculations for the eight-month period from September to April..

Expenses:

Rent & Utilities _____
Food & Personal Care _____
Clothing _____
Transportation _____
Child care _____
Tuition, Fees & Books _____
Other Expenses _____
(please specify)
Total Expenses \$ _____

Resources:

Savings _____
Earnings during school term _____
Contributions from parents/spouse .. _____
Investments (please specify) _____
Other income _____
(tax rebate, family allowance)
Scholarships/Bursaries _____
confirmed for current academic year
Total Resources \$ _____

What is your total indebtedness to the Students' Finance Board as of April 30? \$ _____

Notes / Comments:

I verify the above financial information is complete and accurate: _____

Transcripts (copies are acceptable) are required for this application, and are attached: Yes No

Medical documentation: attached
 previously provided to SSDS for files
 not provided

Do you use interpreting services in the classroom?

- Yes No
- ASL-based
- English-based
- Oral

When using the phone you use: TTY Regular phone Other _____

Member of the Alberta Association of the Deaf? Yes No

(copy of membership card or receipt attached)

List additional documentation (if any) attached to this application: _____

Feel free to add any additional information you feel may support your application

(e.g., involvement in deaf community, etc.): (Please type or print legibly)

I certify the information contained in this application is complete and correct. I authorize the Selection Committee to access my academic transcripts and contact my referees, if necessary. I further acknowledge that personal information on this form will be shared with the Student Awards Office. I also give permission, if necessary, for the office to report my name, address, program and award status to the donor(s) of this award, and for my name to be used in various public relations publications, presentations and announcements to promote the University's awards programs.

The personal information requested on this form is collected under the authority of section 33 of the Alberta Freedom of Information and Protection of Privacy Act to determine your eligibility for scholarships, bursaries and awards administered by Specialized Support and Disability Services (SSDS). Certain personal information may be made available to federal and provincial departments and agencies under appropriate legislative authority. Questions regarding the collection, use or disposal of this information can be directed to the Student Advisor, SSDS, 2-800 Students' Union Bldg. at (780) 492-3381 or TTY: (780) 492-7269.

Signature: _____ Date: _____