

**UPPER GRAND LEARNING FOUNDATION  
BARBARA DOUGLAS EDUCATOR OF HEARING IMPAIRED AWARD  
APPLICATION FORM**

**School Name:** \_\_\_\_\_  
**Student Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT:**

In what post-secondary institution are you (or do you expect to be) enrolled?

\_\_\_\_\_

What course will you be studying at the above institution?

\_\_\_\_\_

What degree, diploma or certificate will the course lead to?

\_\_\_\_\_

Please list any other post-secondary programs you have applied to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please outline your academic accomplishments during your high school career, and explain any achievements you are proud of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe other activities that you have been involved in at high school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Please attach a letter outlining your goals and aspirations.**

I hereby apply for consideration as a recipient of the Barbara Douglas Educator of the Hearing Impaired Award and **consent to the release of a transcript of my marks** by the school to the Foundation.

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

*Please complete page 2*

**TO BE COMPLETED BY SCHOOL:**

Please outline the academic accomplishments of the applicant. Make note of any special achievements. Attach a transcript of marks.

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Outline any other comments you may have about the applicant which will help the selection committee with their evaluation.

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Completed by: \_\_\_\_\_

I certify that the above applicant is legally classified as hearing-impaired and I recommend him/her for consideration as the recipient of the Barbara Douglas Educatory of the Hearing Impaired Award.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Principal/Guidance Head)

**This application form must be accompanied by:**

- **A copy of a transcript of the applicant's marks**
- **A letter from the applicant outlining their goals and aspirations**

**Applications not containing this information will not be considered.**

Reference letters may also be attached (optional)

Completed applicants and supporting documents should be forwarded to:  
The Upper Grand Learning Foundation  
500 Victoria Road North  
Guelph, ON N1E 6K2  
(519) 822-4420 ext. 851

**Deadline for applications is June 15<sup>th</sup>**

## APPENDIX 'A'

### CRITERIA FOR THE BARBARA DOUGLAS EDUCATOR OF HEARING IMPAIRED AWARD FUND

#### Background

This award was created by Jean Camm in recognition of Barbara Douglas, a teacher with the Toronto Board of Education for 42 years who devoted much of her career to teaching the hearing-impaired.

#### Selection Criteria

This award will be presented annually,

1. To a hearing impaired student graduating from a secondary school in Wellington County,  
who:
2. Is continuing with post-secondary education, and:
3. Has demonstrated exceptional achievement both academically and otherwise while in secondary school.  
and:
- 4: Has been actively involved in extra-curricular activities in the school community.