



Spirit of Inclusion Award *For the Deaf or Hard of Hearing* Description



Description of Award

The Spirit of Inclusion Award is administered through The Angel Foundation for Learning. It is designated for a TCDSB student who is deaf or hard of hearing and in Grade 8. The award, which recognizes the spirit of inclusion, provides \$100 financial support towards hearing loss management for costs such as hearing aids, batteries and FM systems.

Criteria

The award is available to an individual Grade 8 student, enrolled in a deaf and hard of hearing program with the TCDSB who is graduating to a TCDSB secondary school. For each application, the following is required:

- ✓ A completed application form;
- ✓ A letter of application from the student, which outlines reasons why you should be considered for this award, contributions to the school and community and which states the nature of the financial need. Please include as much detail as appropriate; and
- ✓ A nomination from the teacher of the Deaf and Hard of Hearing program.

Selection Process

The selection will be approved by the Board of Directors of The Angel Foundation for Learning, upon the recommendation of the donor. The selected student will be notified shortly after the application deadline. The Angel Foundation for Learning will issue a cheque for \$100 made payable to the student.

Donations to the Spirit of Inclusion Award

May be sent to The Angel Foundation for Learning, 80 Sheppard Avenue East, Toronto, Ontario, M2N 6E8. Donations may also be made through our website at www.angelfoundationforlearning.org. Tax receipts will be issued for any donation of \$20.00 or more.

Contact Person

For further information contact:

- Emmy Szekeres Milne at 416.222.8282. ext. 2205 or emmy.szekeresmilne@tcdsb.org



Spirit of Inclusion Award
For a Deaf or Hard of Hearing Student
Application Form



Applicant's Full Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email Address: _____

Elementary School: _____

Secondary School that you will be attending: _____

Nomination from the Teacher of the Deaf or Hard of Hearing Program:

Teacher's Name: _____ Signature: _____

Principal's Name: _____ Signature: _____

Permission is granted to publish the name and photos of the successful student on print and electronic media, including both internal and external publications and sites.

Signature of Student: _____

Signature of Parent or Guardian: _____

Email your completed application package to: angel.foundation@tcdsb.org, or mail to
The Angel Foundation for Learning, CEC, 80 Sheppard Ave. East, Toronto, ON, M2N 6E8.

Application Due Date: Friday, May 14, 2021