



## 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 \$500 financial support towards hearing loss management for costs such as hearing aids, batteries and FM systems.

### Criteria

The award is available to 2 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 \$500 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](http://www.angelfoundationforlearning.org). Tax receipts will be issued for any donation of \$20.00 or more.

### Contact Person

#### For further information contact:

- Iris Martinez at 416.222.8282. ext. 2844 or [iris.martinez@tcdsb.org](mailto:iris.martinez@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 as one PDF document if possible to:  
[angel.foundation@tcdsb.org](mailto: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, April 26, 2024**