Don England Trust Fund Application
Texas Society of Interpreters for the Deaf

TSID MEMBERSHIP REQUIRED

Name: _____ Date:_____

Address:_____

City/State/Zip:_____

E-Mail: _____

INDIVIDUAL INFORMATION

Are you a member of:

Local Chapter? YES NO Chapter: _____

RID? YES NO

Are you a certified Interpreter? YES NO Type: _____

Are you in an ITP? YES NO Program:_____

Average number of hours of interpreting per month? _____
Individual gross annual income? _____
Average number of hours of volunteer service per month? _____

EVENT INFORMATION

Event: _____

Location: _____ Date: _____

APPLICATION IS NOT CONSIDERED COMPLETE WITHOUT THE FOLLOWING ATTACHMENTS:

____ Interpreter Training Program verification
____ Copy of membership cards
____ Summary of volunteer service for the past two (2) years
____Copy of certification card
____Narrative, covering the total costs to attend training & funds which you are requesting

I understand that if I knowingly submit false information, my application will automatically be denied and if I have accepted any funds from TSID, these funds shall be reimbursed in full immediately.

Signature: _____ **Date: _____**

Mail application to: TSID/Student Scholarship Fund
PO Box 684728
Austin, TX 78768-4728

DEADLINE:

Revised 5/2008