

**GRAGOPEAN SCHOLARSHIP FUND
SUPPLEMENTAL AWARD APPLICATION**

Please refer to the scholarship overview to ensure that you meet the eligibility criteria.

This form must be completed and submitted with the bursary application by the applicable deadline date to:

Gragopean Scholarship Fund
780 S.W. Marine Drive, Vancouver BC V6P 5Y7
scholarships@sci-bc.ca

Successful Gragopean Scholarship Fund applicants may also be eligible for supplemental awards to assist with other expenses to directly and indirectly support their education. These expenses may include costs for housing (residence or campus proximity) and transportation to/from school, expenses for attendant care and note-taking while in class or during study sessions, etc.

Supplemental award applications will only be considered once all other available sources of funding have been accessed. Questions regarding other potential funding for expenses other than tuition and books/learning aids can be obtained by contacting Spinal Cord Injury BC's InfoLine: 1-800-689-2477 or info@sci-bc.ca

Have you received a Gragopean Scholarship Fund Award previously? Yes No

If yes, have you received a Gragopean Supplemental Award previously? Yes No

APPLICANT:

Mr. Ms. First Name Last Name Middle Initial

FINANCIAL INFORMATION:

Please list all sources of income:

SOURCE	AMOUNT

Please list all expenses for which you are requesting assistance

EXPENSE DESCRIPTION	TOTAL COST PER SEMESTER	AMOUNT REQUESTED

Please provide any further information regarding these expenses and advise how funding will facilitate your education

In signing this application, the applicant:

- a. Recognizes that personal information submitted on this form is voluntary and hereby authorizes the release of such information for scrutiny by individuals at the Vancouver Foundation and the Canadian Paraplegic Association (BC) operating as Spinal Cord Injury BC, as a necessary step in processing this application; AND
- b. Confirms that to the best of their knowledge, the information provided in this application package is correct and authorizes the Vancouver Foundation and/or Spinal Cord Injury BC to verify the information as required, AND
- c. Understands that false or incomplete information will result in automatic disqualification of his/her application, AND
- d. Agrees to the publication of his/her name, photograph and award particulars in the Canadian Paraplegic Association (BC)/Spinal Cord Injury BC and/or Vancouver Foundation publications and website.

Signature: _____

Date