

The GRAGOPEAN SCHOLARSHIP TRUST was established by anonymous donors to promote the advancement of education of persons in BC with a spinal cord injury.

ELIGIBILITY:

The GRAGOPEAN SCHOLARSHIP TRUST awards are available to students who have a spinal cord injury* and who are or who intend to pursue a course of studies or career training in British Columbia.

Preference will be given to individuals born in the Province of British Columbia and who are between the ages of 18 and 25 years at the time of application. Preference will also be given to students applying for a renewal of their funding.

Eligible expenses that will be considered include tuition, textbooks or similar learning aids and supplemental awards may support housing, transportation or other costs related to your disability. Supplemental award applications will only be considered once all other available sources of funding has been accessed.

*Spinal cord injury includes those arising from traumatic and non-traumatic causes. Traumatic causes of spinal cord injury include those from falls, accidents, sporting injuries, wounds, etc. Non-traumatic causes of spinal cord injury include those arising from viral or bacterial infections, cancer, spinal stroke, or developmental or congenital conditions (for example, spina bifida).

APPLICATION DEADLINES:

Applications must be submitted in its entirety no later than **May 3rd** for the fall 2019 semester by email to scholarships@sci-bc.ca or by mail:

Attention: GRAGOPEAN SCHOLARSHIP TRUST
c/o Spinal Cord Injury BC, 780 SW Marine Drive, Vancouver, BC V6P 5Y7

NOTIFICATION & PAYMENT:

Both successful and unsuccessful applicants will be notified in writing of the committee's decision within eight weeks following the application deadline. A cheque will be mailed to successful award recipients or their educational institution, as appropriate.

CONDITIONS:

It must be clearly understood that students selected as eligible for these awards shall comply with all the conditions and requirements of the program as outlined by the education facility. Students are expected to complete the school year or program of study. Spinal Cord Injury BC and Vancouver Foundation may revise these terms and conditions at any time.

RIGHT OF WITHDRAWAL:

The Vancouver Foundation and Spinal Cord Injury BC reserves the right to cancel any award before payment has been made or to take recovery action on contributions already made where the candidate has failed to meet the conditions as set out above. Failure to enroll will automatically nullify application of the award. Forced or elective resignations from school will terminate eligibility for the award, and recovery of any monies may be instituted.

* Registered provincially and federally under "Canadian Paraplegic Association (BC)"

Please refer to the scholarship fund overview to ensure you meet the eligibility criteria.
Any questions should be directed to scholarships@sci-bc.ca
This form must be completed and submitted with the
required additional information as detailed by the application deadline date to:

*Grageopean Scholarship Trust
c/o Spinal Cord Injury BC
780 S.W. Marine Drive, Vancouver BC V6P 5Y7
scholarships@sci-bc.ca*

New Application Renewal Application

APPLICANT INFORMATION:

Mr. Ms.
First Name Last Name Middle Initial

Social Insurance # *(required for tax purposes)*

Street Address

City Province Postal Code

Telephone E-mail Address

Date of Birth Were you born in BC? Yes No

If no, are you a Canadian Citizen or Permanent Resident? Yes No N/A

DISABILITY INFORMATION: (please refer to definition of spinal cord injury on first page)

Do you have a spinal cord injury (SCI)? Yes No

If yes, what level is your injury (if known)

If yes, is your injury from a traumatic or non-traumatic cause?

Cause of disability:

EDUCATION INFORMATION:

Education History (including high school):

TYPE OF INSTITUTION	HIGHEST LEVEL COMPLETED	COURSE OF STUDY/ MAJOR/TRADE	CERTIFICATE, DIPLOMA, TRADE PAPERS	NAME & LOCATION OF INSTITUTE/SCHOOL	DATE COMPLETED

Educational Goals:

Name of Institution (university, college, technical institute etc.) you are planning to attend this year:

Student #:

Course of Study:

Current Level or Year of Study:

Are you attending Full-time Part-time

Starting Date: Anticipated Completion Date:

Have you received a Gragopean Scholarship Trust Award before? Yes No

If yes, have you at any point paused or discontinued your education for a period of time longer than an ordinary break between terms, semesters or years? Yes No

Reason for pausing or discontinuing your education?

ADDITIONAL INFORMATION:

Please list amount you require for the coming semester or program:

Tuition Text Books/Learning Aids

Please indicate if you have any other funding sources for your education

Please provide any other information regarding your eligibility and merit

Applicants are responsible for ensuring that all necessary documentation, such as letters of reference and transcripts are received by the Gragopean Scholarship Trust Committee prior to the deadline.

Incomplete applications will not be considered; please write N/A if a question is not applicable

Included:

- completed application form (renewal applicants to provide update information only)**
- official transcript from previous years of study**
- letter of reference from an educator or employer (new applications only)**

Please check if you wish this application to also be forwarded to the BC Paraplegic Foundation's Scholarship Program for consideration. For information, please contact scholarships@sci-bc.ca or visit www.sci-bc.ca/about-us/scholarships-bursaries/

Please check if you have also included an application for supplemental funding

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

Yes, I would like to receive emails from SCI BC regarding events and opportunities

Yes, I would like to receive emails from the Vancouver Foundation regarding the Foundation's work and funding

**GRAGOPEAN SCHOLARSHIP TRUST
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 Trust
780 S.W. Marine Drive, Vancouver BC V6P 5Y7
scholarships@sci-bc.ca

Successful Gragopean Scholarship Trust 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 Trust 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:

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Signature: _____

Date