

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 at a recognized university, college or training centre 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). Spinal Cord Injury BC reserves the right to require medical confirmation from a physician with respect to the applicant's disability.

**APPLICATION DEADLINES:**

Applications must be submitted in its entirety no later than **November 17, 2021** for the Spring 2022 semester (January to April) by email to [scholarships@sci-bc.ca](mailto: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.

**GRAGOPEAN SCHOLARSHIP TRUST  
BURSARY APPLICATION FORM**

Please refer to the scholarship fund overview to ensure you meet the eligibility criteria.  
Any questions should be directed to [scholarships@sci-bc.ca](mailto: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](mailto:scholarships@sci-bc.ca)*

New Application       Renewal Application

Please also forward my application to the BC Paraplegic Foundation's Scholarship Program

**APPLICANT INFORMATION:**

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

Student #:  (if assigned)

Course of Study:

Current Level or Year of Study:

Are you attending  Full-time  Part-time

Starting Date:

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

|       |  |
|-------|--|
| TOTAL |  |
|-------|--|

Text Books/Learning Aids

|       |  |
|-------|--|
| TOTAL |  |
|-------|--|

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 Gragoepan 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 need only provide any program or contact updates, as well as upcoming financial requirements)**
  
- letter of reference from an educator or employer (new applications only)**
  
- All applicants must arrange for the Scholarships Committee to be mailed an official transcript to 780 SW Marine Drive, Vancouver BC V6P 5Y7**

***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 this application, AND
- d. Agrees to the publication of their 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](mailto: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](mailto:info@sci-bc.ca)

**APPLICANT:**

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 FOR SEMESTER | AMOUNT REQUESTED |
|---------------------|-------------------------|------------------|
|                     |                         |                  |
|                     |                         |                  |
|                     |                         |                  |
|                     |                         |                  |
|                     |                         |                  |

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

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- 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
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Signature: \_\_\_\_\_

Date