The Donald E. Curran Scholarship

History
The Donald E. Curran Scholarship was created by the many friends and admirers of Donald E. Curran, the founder and first Executive Director of the Atlantic Division of CPA and CPA (NS). He served as ED from 1952 to 1984.

Upon his retirement, the Scholarship was established as a legacy to his accomplishments that included his appointment as a member of the Order of Canada. Since its creation the scholarship has given nearly $200,000 to qualifying candidates.

Eligibility
Applications are accepted from any person with a mobility disability, with preference given to persons with spinal cord injury. They must be attending a post secondary school (university, college, technical school) in the Atlantic Provinces. The scholarships will be awarded on merit, academic standing and on such other criteria as the Selection Committee may determine. Recipients must be Canadian citizens or landed immigrants, and residents of the Atlantic Provinces.

Value & Number of the Award(s)
The maximum value of the scholarship is $1500.00 annually and up to eight scholarships will be awarded annually.

Payment of Awards
Funds will be awarded through the appropriate University Department to selected applicants. However, payment will not be made until the applicant has provided a letter of confirmation from the Registrar of the particular institution. Transcripts or pre-registration notifications are not acceptable as confirmation of attending the relevant University year. Students will receive their contributions in two instalments, the first half upon receipt of the letter of registration from the institution, and the second half after January 1st after the receipt of a transcript of the first term grades indicating continuing attendance.

Procedure for Applicant
Application forms can be obtained by visiting www.thespine.ca or by calling Lorna Griffin-Fillier RSW at 1800-889-1889. Completed applications must be received by July 31st. Applicants can reapply.

University Year
For the purposes of this program, the University year shall be defined as commencing on September 1st and ending on August 31st of the following year. Request for deferment will be considered only in unusual circumstances and the decision will be made by the Selection Committee. In the event that a student does not complete the academic term, they must submit to the Committee a medical report stating the inability to complete the full course load in order to be eligible for the second half of the scholarship.

Disclaimer
The Selection Committee has the right to cancel any award before payment is made or to take recovery action on contributions already made where the applicant has failed to meet the conditions herein or by leaving the institution in which they we enrolled. It must be clearly understood that students selected as eligible for these scholarships shall comply with all conditions and requirements contained herein before any payment will be issued.
APPLICATION

Donald E. Curran Scholarship Fund
Canadian Paraplegic Association (Nova Scotia)

Please by submit by **July 31st** and send completed application, along with supporting documentation to:

Donald E. Curran Scholarship Fund
c/o Canadian Paraplegic Association (NS)
Suite 317A Tower One-Halifax Shopping Centre
7001 Mumford Rd.
Halifax, NS B3L 4N9

**Please Note:** Falsification of information may result in automatic rejection of application.

____________________________________________________________________________________
(Please Print)

Name:____________________________________________________________________________________

Address:_________________________________________________________________________________

____________________________________________________________ Postal Code: ______________________

Telephone: ___________________ Email: __________________________________________________________

Date & Place of Birth: _________________________________________________________________

M/D/Y City/Town Province

**Canadian Citizenship By:** Birth ________ Naturalization _________

*Note: If by naturalization, a photocopy of your certificate must be attached to your application*

Landed Immigrant:________________________________________________________________________

Marital Status: __________________________________________________ Social Insurance Number: _____________

Disability (Classification/Type & Extent): _______________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Name & Address of Medical Doctor you have requested to confirm the details of this disability:
______________________________________________________________________________________

______________________________________________________________________________________
List chronologically the secondary schools, colleges, technical institutes, or universities you have attended:

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(As noted in the Supplement, an OFFICIAL TRANSCRIPT must be sent for the most recent year of study)

Name of the post-secondary institution you plan on attending: (Evidence of acceptance should be attached)

Starting Date: __________________________ Diploma, Certificate, or Degree: __________________________

Describe course of study & identify level: __________________________________________________________

Year 1 ___ Year 2 ___ Year 3 ___ Year 4 ___ Year 5 ___ Other ___

Write a paragraph on your plans and goals for your future career or profession: (If you require more space, please attach a sheet to your application form)

_________________________________________________________________________________________

_________________________________________________________________________________________

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_________________________________________________________________________________________
Are you or have you been the recipient of another award, scholarship or bursary? __________
If so, please list:
____________________________________________________________________________
____________________________________________________________________________

Hobbies & Interests: _____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Employment History: *(please list)*

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Thank you very much for applying and best of luck with your studies!

Lorna Griffin-Fillier RSW
Manager of Client Services
Scholarship Selection Committee
Canadian Paraplegic Association (Nova Scotia)