



PLEASE NOTE: IF SEPTEMBER 2020 DOES NOT SEE A RETURN TO COLLEGE AND UNIVERSITY CLASSES DUE TO COVID-19, APPLICATIONS FOR CURREN AND WANDERER'S SCHOLARSHIPS WILL NOT BE REVIEWED OR SCHOLARSHIPS OFFERED. APPLICATION REVIEW WILL BE RESCHEDULED FOR LATE FALL 2020 UNLESS OTHERWISE DETERMINED.

The Donald E. Curren Scholarship Fund

History

The Donald E. Curren Scholarship was created by the many friends and admirers of Donald E. Curren, the founder and first Executive Director of the Atlantic Division of the Canadian Paraplegic Association and Canadian Paraplegic Association (Nova Scotia) herein known as CPA (NS). He served as Executive Director from 1952 to 1984.

Eligibility

Applications are accepted from persons living with a mobility disability, with preference given to persons living with spinal cord injury (quadriplegia or paraplegia). 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 of Award

The maximum value of the scholarship will depend on number of applications received.

Payment of Awards

Funds will be awarded through the appropriate Education 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 year of education. Successful applicants will receive their contributions in two installments, 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 may be obtained by visiting www.thespine.ca or by contacting CPA (NS) at 902-423-1277 or 1-800-889-1889. Email requests may be sent to halifax@canparaplegic.org. Completed applications must be received by September 30th annually. Applicants can reapply.

Education Year

For the purpose of this program, the academic year shall be defined as per the institution. 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 were 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.

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

(Submission date for completed application, along with supporting documents, is September 30th annually.)

Donald E. Curren Scholarship Fund
c/o Canadian Paraplegic Association (Nova Scotia)
Suite 255 – Mumford Professional Centre
6960 Mumford Road
Halifax, Nova Scotia
B3L 4P1 email: halifax@canparaplegic.org

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

(Please Print)

Name: _____

Address: _____

_____ **Postal Code:** _____

Telephone: _____ **Email:** _____

Date and Place of Birth: _____
Month/Day/Year

Canadian Citizenship By: **Birth** _____ **Naturalization** _____ **Landed Immigrant** _____

Note: If by Naturalization, a photocopy of your certificate must be attached to your application.

Marital Status: _____ **Social Insurance Number:** _____

Disability (Classification/Type and Extent): _____

We wish to formulate a clear picture of how (in)accessibility may influence your educational experience. Please feel free to add any comments you may have.

Accessible student housing is available for me. Yes ___ No ___ Not Required ___

The education environment has suitable communication aides in place for me. Yes ___ No ___
Not Required ___

I use a: Power Wheelchair ___ Manual Wheelchair ___ Scooter ___ Crutches ___ Cane ___
Walker ___ Other (please describe below) ___ :to assist with mobility.

I require an attendant or person providing assistance (ie note taker) be with me in class. Yes ___ No ___
Other (please describe below) ___

I require an attendant or person providing assistance be with me between classes. Yes_____ No_____ Other (please describe below) _____

Are you aware of any barriers at the educational institution that may in some way impede access to class? Yes (please describe below) _____ No_____

Do you partake in class via on-line, or by physically being present?

I have access to dependable, fully accessible transportation. Yes_____ No _____ Please comment and note if access to transportation will be affected during the winter season.

My special diet requirements are provided by the educational institution. Yes _____ No (please note options) _____

All essential education related software, programs and/or other technologies can be easily accessed - or are in place. Yes _____ No (please describe below) _____

Disability related resources and supports are located within the educational institution. Yes _____ No _____

Name and address of Medical Doctor you have requested confirmation of details of your disability:

Are you or have you been the recipient of another award, scholarship or bursary? Yes _____ No _____

If yes, please list and include amount (\$) received: _____

Employment History:

(please list)

Employer

Address

Date

Position

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****** Please include two references. These do not necessarily have to be from an employer, past or present.

****** As noted on page four, written confirmation of disability from a doctor or specialist is required.

****** As noted on page five, an Official Transcript must be sent for the most recent year of study.

****** Also noted on page five, a letter of acceptance from the post-secondary institution you plan to attend must be attached.

****PLEASE REVIEW APPLICATION TO ENSURE ALL FIELDS ARE COMPLETED, AND REQUIRED ATTACHMENTS ARE INCLUDED. MISSING INFORMATION WILL RESULT IN DELAYED PROCESSING OF YOUR APPLICATION.**

