Spinal Cord Injury Nova Scotia

Donald E. Curran Scholarship

History

The Donald E. Curran Scholarship was established by the many friends and admirers of Donald E. Curran, founder and first Executive Director of the Atlantic Division of CPA and CPA (NS), now operating as Spinal Cord Injury Nova Scotia. He served in this role from 1952 to 1984. Upon his retirement, the scholarship was created as a lasting tribute to his accomplishments, including his appointment to the Order of Canada. Since its inception, the scholarship has awarded nearly $200,000 to eligible recipients.

Eligibility

Applications are accepted from individuals with a mobility disability, with priority given to those with a spinal cord injury. A confirmation letter from a medical doctor verifying the applicant's disability is required. Application packages must include an official transcript from the most recent year of study and a confirmation of enrollment letter from the post-secondary institution related to this scholarship application.

Applicants must be attending a post-secondary institution (university, college, or technical school) in the Atlantic Provinces. Scholarships are awarded based on merit, academic performance, and any additional criteria determined by the Selection Committee. Recipients must be Canadian citizens or permanent residents and reside in the Atlantic Provinces.

Value & Number of the Award(s)

Each scholarship is valued at up to $1,500 annually, with up to eight scholarships awarded each year.

Payment of Awards

Awards will be disbursed through the appropriate university department. Payment will only be made upon receipt of an official letter of confirmation from the institution's Registrar. Transcripts or pre-registration notices will not be accepted as proof of enrollment.

Funds are issued in two instalments:

- The first half upon receipt of the official registration letter
- The second half after January 1st, upon receipt of first-term grades confirming continued enrollment

Procedure for Applicant

Application forms are available at www.sci-ns.ca. Completed applications must be received by July 31st. Previous recipients are welcome to reapply. Completed applications are to be sent by mail to **PO Box 2006, Fall River, Nova Scotia, B2T 1K6** or by **email** to Deanna at dpalmer@sci-ns.ca.

School Year

For the purposes of this scholarship, the university year is defined as beginning on September 1st and ending on August 31st of the following year. Requests for deferment will be considered only under exceptional circumstances and are subject to approval by the Selection Committee. If a student is unable to complete the academic term, they must submit a medical report outlining the reason for withdrawal to remain eligible for the second installment of the scholarship.

Disclaimer

The Selection Committee reserves the right to cancel any award prior to disbursement or to recover funds already issued if the recipient fails to meet the conditions outlined or withdraws from the institution. Recipients must meet all eligibility requirements and comply with the conditions detailed above before any payment is made.

Donald E. Curran Application

Please complete the following application. Ensure all information is accurate and complete.

Preliminary Information

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *Province* *Postal Code*

Date & Place of Birth: _____
yyyy/mm/dd *City/Province*

Canadian Citizen by: ☐ Birth ☐ Naturalization ☐ Landed Immigrant

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

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

Please provide details of your 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:

Name *Address* *Date*

An OFFICIAL TRANSCRIPT must be sent as part of the application package for the most recent year of study.

Current Academic Information

Post-secondary institution you plan on attending: _____

Starting Date: _____ **Completion Date:** _____

Describe course of study & identify level:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Other

An ACCEPTANCE LETTER must be sent as part of the application package.

Please 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)*

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

If yes, please list:

Hobbies & Interests:

Employment History: *(please list)*

Name	*Address*	*Date*	*Position*

Signature

I, _____ *(applicant)* confirm that all information provided in this application is accurate and complete to the best of my knowledge. I understand that this information is being shared with Spinal Cord Injury Nova Scotia to support my application and help determine eligibility for services or funding. I consent to communicate with SCI NS representatives by phone, email, and in person as needed.

Name: _____ *print*

Signature: _____ *sign*

Date: _____ *yyyy/mm/dd*