The Wanderer's Trust Scholarship

History
The Wanderer's Amateur Athletic Club was, by far, the most distinguished athletic Club in Halifax. Comprised of great athletes and members, the club became known throughout North America. When it was disbanded, the remaining members donated some of its assets to CPA (NS) to provide funding for students with a spinal cord injury who are involved in some aspect of sport.

Eligibility
Eligible applicants must meet ALL requirements listed below:

1. Person with a spinal cord injury (quadriplegia or paraplegia)
2. Reside in Atlantic Canada
3. Currently attending or planning to attend a post-secondary institution in the Atlantic Provinces.
4. Canadian Citizens or Landed Immigrant.
5. Involved in organized sports either as a participant, official, junior official, coach, manager or trainer.
6. Have a “C” average

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 $600.00 & up to three scholarships will be awarded annually.

Payment of Awards
Funds will be awarded to the appropriate University Department on behalf of 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 are made available though the CPA (NS) website visiting www.thespine.ca or a hardcopy may be requested by calling Lorna Griffin-Fillier RSW at 1800-889-1889. Completed applications must be received by July 31st. Applicants may reapply.

University Year
For the purposes 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 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
The Wanderer’s Trust Scholarship
Canadian Paraplegic Association (Nova Scotia)

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

The Wanderer’s Trust Scholarship
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:
_____________________________________________________________________
_____________________________________________________________________
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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)

______________________________

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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What is your involvement in sports and do you plan on specializing in a sport related career or profession?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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)