

## THE BEATRICE DRINNAN SPENCE SCHOLARSHIP FUND

### History:

The Beatrice Drinnan Spence Scholarship Fund was established in 2004 in memory of a very special lady who was the mother of Judy McIntosh.

### Purpose & Objectives:

The purpose of the Beatrice Drinnan Spence Scholarship is to assist young adults with physical disabilities in Ontario with the cost of post-secondary education or vocational training.

This purpose is being achieved by establishing a scholarship fund to award a \$5,000 gift annually to one student or to be divided by several students with physical disabilities at a post-secondary educational facility, i.e. university or community college. **Successful applicants must have successfully completed their first year of study at a post-secondary facility.** Successful applicants who remain in good academic standing will be eligible to re-apply annually.

### Application Process:

Scholarship candidates will be reviewed, qualified and the successful candidate(s) will be selected by the Scholarship Selection Committee of Easter Seals Ontario. Candidates will be given consideration based on the following criteria:

- Be an Ontario resident
- have a physical disability which restricts their physical activities;
- Registered for post-secondary education entering their **second to final year** of study
- Demonstrate consistent level of scholastic achievement throughout their secondary school and post secondary curriculum. Applicant must have achieved a minimum grade point average of 75% or equivalent in their previous year of study at a post-secondary educational facility;
- Participation in extra curricular activities;
- Served as a model and inspiration to fellow students;
- Have applied for alternate financial assistance and still require assistance.

### Supporting Documentation:

The following documentation must be submitted with your completed application form:

- A typed, one page letter from you in which you have outlined your qualifications for the award, including area of study, scholastic achievement, extra curricular involvement, leadership, and initiative.
- A copy of your secondary and if applicable, post-secondary transcripts;
- Any interim marks that are available before the deadline date. To be considered valid, interim marks must be submitted on school letterhead and authorized by a school official and
- Proof of application to applicable alternate sources of financial assistance.
- If not a registered client or previously registered client of Easter Seals Ontario, please include a current letter from a medical physician outlining your physical disability.

In addition, **AT A MINIMUM**, you must ensure that the following references are also submitted by the deadline date:

- An academic reference from your secondary school principal or a current post-secondary institution professor; and
- A current personal reference from an individual who is familiar with your current extra-curricular activities and outstanding characteristics. The letter can not be written by a family member.

**Please note:** all reference letters must be signed, dated and where appropriate provided on official letterhead.

A Social Insurance number(SIN) is requested for Easter Seals Ontario to issue a T4A statement for income tax purposes.

The successful recipient will be expected to thank the benefactors. Funds will not be paid to the successful recipient until the thank you letter and confirmation of enrollment are received. Letters must be received within 2 months of being notified they are the successful recipients.

Funding is awarded for the upcoming school year commencing in September 2017.

If you are applying for more than one scholarship, an application for each scholarship must be completed but only one set of supporting documentation if required.

The application form and all supporting documentation must be received by **May 5, 2017** to:

**Scholarship Selection Committee**  
c/o Tina Shier  
Director, Provincial Services  
Easter Seals Ontario  
One Concorde Gate  
Suite 700  
Toronto, ON M3C 3N6

Please remember to review the application form to ensure all information and supporting letters/documentation are provided. **If any information is missing, the application will not be reviewed.** Ensure you keep a copy of the completed form for your files.

If you have any questions, please call Tina Shier at Easter Seals Ontario (416) 421-8778 Ext. 355 or toll free 1-800-668-6252 or e-mail: [scholarships@easterseals.org](mailto:scholarships@easterseals.org).



APPLICATION FOR THE BEATRICE DRINNAN SPENCE SCHOLARSHIP FUND

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Your email: \_\_\_\_\_

Registered with Easter Seals Ontario: Yes: \_\_\_\_ No: \_\_\_\_

Previous Recipient of Easter Seals Scholarship: No: \_\_\_\_ Yes: \_\_\_\_

Name of Scholarship & year awarded: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

**Previous Education accomplishments**

| Name of School | Month/Year Attended | Graduated?<br>Yes ___ No ___ |
|----------------|---------------------|------------------------------|
|----------------|---------------------|------------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**University or College Information:**

Name of College/University/Institution: \_\_\_\_\_

Length of program/course: \_\_\_\_\_

Have you been accepted: Yes: \_\_\_\_ No: \_\_\_\_

Course Commences(dd/mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Qualification/Degree on successful completion: \_\_\_\_\_

Program/Course Name and Brief Description:

\_\_\_\_\_

\_\_\_\_\_

What year will you be entering in Fall 2017: \_\_\_\_\_

Years to Graduation: \_\_\_\_\_

**Have you applied to other organizations for funding?** Yes  No

If yes, what organization(s) \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Confirmed? Yes  No

Have you or will you be applying for OSAP? Yes  No

Personal funds you intend to contribute: \$ \_\_\_\_\_

**Costs to be incurred**

| Item                       | Estimated Costs |
|----------------------------|-----------------|
| Tuition Fees               |                 |
| Books                      |                 |
| Transportation             |                 |
| Accommodation(if required) |                 |
| Student Activity Fees      |                 |
| Other(Please specify)      |                 |
| <b>TOTAL COST</b>          |                 |

**Amount of assistance requested from Easter Seals Ontario**

| Item                       | Amount |
|----------------------------|--------|
| Tuition Fees               |        |
| Books                      |        |
| Transportation             |        |
| Accommodation(if required) |        |
| Student Activity Fees      |        |
| Other(Please specify)      |        |
| <b>TOTAL COST</b>          |        |

**I certify that the information provided in the application is true, correct, and complete to the best of my ability.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you are a successful scholarship recipient, do you give permission for Easter Seals Ontario to share your application letter with the scholarship donor. Yes: \_\_\_\_ No: \_\_\_\_

**Application Deadline**

The application form and all supporting documentation must be received by **May 5, 2017** to:

**Scholarship Selection Committee**  
c/o Tina Shier, Director, Provincial Services  
Easter Seals Ontario  
Suite 700, One Concorde Gate  
Toronto, ON M3C 3N6

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