



TD Graduate Scholarship for People with Disabilities

SCHOLARSHIP APPLICATION

Deadline: June 30, 2017

Instructions:

Please ensure that this application form is filled out completely and accurately.

Read the 2017 Scholarship Guidelines before completing the form.

Write N/A if not applicable.

Only typewritten applications will be accepted.

1) CONTACT INFORMATION	
Name: (title, first, last)	
Current Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Mailing Address (after June 30, 2017):	
City:	Province/State:
Postal/Zip Code:	Country:
Home Phone: () -	
Work Phone: () - ext.	
Email:	
Citizenship:	
If you are not a Canadian citizen do you have a visa to study in Canada?	
2) NATURE OF APPLICATION	
Proposed/Current University:	
Proposed/Current Graduate Department:	
Degree:	Status:
Start Date (dd/mm/yy):	Anticipated Graduation Date (dd/mm/yy):

Name of applicant: _____

3) RESEARCH PROJECT

Project Area (if known)¹

Describe the research project including:

- 1) Title
- 2) Hypothesis
- 3) Rationale: Needs/issues the proposal is designed to address / Why this project will contribute to advancements in the field of rehabilitation
- 4) Methods
- 5) Expected outcomes
- 6) Knowledge translation
- 7) Bibliography and citations

(Maximum 2 pages, plus bibliography and citations. Type below or attach.)

Progress:

Describe what, if anything has been completed towards fulfilling the requirements of your program/research. (e.g. literature review written, 50 of 60 subjects studied, data collected on 50 of 60 subjects, 4 courses completed, etc.)

(Maximum 1 paragraph, or use bullet points.)

Activities Remaining:

Describe what remains to be completed. (e.g. data analysis incomplete, 2 courses to be taken, publications to be submitted, date of thesis defense, etc.)

(Maximum 1 paragraph, or use bullet points.)

¹ Applicants who have not yet started graduate school are not expected to confidently provide all the details of the proposed research project - please do your best to help the Selection Committee understand your ambitions for the project.

Name of applicant: _____

4) SUPERVISOR	
Proposed Supervisor <i>Title, first name, last name:</i>	
Academic Appointment:	
Institution:	Department:
Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Work Phone: () - ext.	
Email:	

Name of applicant: _____

5) SUPPORTING DOCUMENTATION	
Please <u>attach</u> the following:	
1) Curriculum Vitae	
2) Letter describing: <ul style="list-style-type: none"> a) Your experience and qualifications: include experience and achievements relevant to rehabilitation-related research b) What you intend to do with your graduate degree and your life goals Please give evidence of your commitment to a career in rehabilitation-related research and how your experiences support your career goals to date.	
3) Transcripts: Attach web-retrieved undergraduate and graduate level transcripts to date.	
Please <u>arrange</u> for the following:	
1) Letter of Support from Supervisor in <u>sealed</u> envelope (OR can be e-mailed directly to lois.ward@uhn.ca), including: <ul style="list-style-type: none"> a) assessment of candidate’s qualities, accomplishments, potential and research project b) Description of the research environment c) Time supervisor expects to devote and other supports that will be available to the candidate 	
2) Letters of Recommendation in <u>sealed</u> envelopes: Two (2) letters of recommendation (excluding the letter from Supervisor) OR can be e-mailed directly to lois.ward@uhn.ca	

Name of applicant: _____

6) CONCURRENT FUNDING	
A. Confirmed Funding	
Will you be receiving any funding for academic purposes or disability expenses (e.g. awards, bursaries) that coincides with the Toronto Rehabilitation Institute Scholarship in Rehabilitation-related Research for Graduate Student with Disabilities year? (September 2017 – August 2018).	
If "Yes", please provide full details of all concurrent funding below.	
1) Name of the Fund:	
Institution Granting the Funding:	
Amount: \$	
Duration (dd/mm/yy):	From: To:
2) Name of the Fund:	
Institution Granting the Funding:	
Amount: \$	
Duration (dd/mm/yy):	From: To:

Name of applicant: _____

6) CONCURRENT FUNDING cont'd	
B. Other Possible Funding	
Have you applied, or do you expect to apply for funding for academic purposes or disability expenses (e.g. awards, bursaries) that coincides with the TD Graduate Scholarship for People with Disabilities year? (September 2017 – August 2018).	
If “Yes”, please provide full details of all funding for which you have applied or expect to apply. Include the date by which you expect a decision.	
1) Name of the Fund:	
Institution Granting the Funding:	
Amount: \$	
Duration (dd/mm/yy): From: To:	
Date of Decision (dd/mm/yy):	
2) Name of the Fund:	
Institution Granting the Award:	
Amount of the Award: \$	
Duration of the Award (dd/mm/yy): From: To:	
Date of Decision (dd/mm/yy):	

Name of applicant: _____

7) DISABILITY	
Describe your disability (<i>use space required</i>):	
Medical authority you have requested to confirm the details of your disability: (<i>Title, first name, last name</i>):	
Occupation:	
Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Phone: () - ext.	
Fax: () -	
Education-related Disability Costs to be Covered: (<i>Please itemize anticipated education-related disability expenses required for the scholarship year, and include a description of goods and services. <u>Refer to guidelines before completing.</u></i>)	
Tutors, readers, note takers, interpreter (oral, sign) (<i>Specify:</i>)	\$
Specialized Transportation to and from educational/research organization: (<i>Specify:</i>)	\$
Technical aids/equipment (e.g., braille, audio cassette reading material, talking calculator, hearing/vision/learning aids, physical aids, alternate formats - e.g., large print or Braille) (<i>Specify:</i>)	\$
Computers, hardware, software, specialized needs accessories (e.g., scanners) (<i>Specify:</i>)	\$
Attendant Services for studies (<i>Specify:</i>)	\$
Other (e.g., Life-line services for students living in residence, specialized splints). (<i>Specify:</i>)	\$
Total	

8) DECLARATION

By signing this document, I am stating that to the best of my knowledge, the above answers are correct and complete. I hereby authorize the Toronto Rehabilitation Institute to verify information that I have provided in this application. I understand that false or incomplete information will result in automatic disqualification of my application.

I have read, understood, and accept the conditions of acceptance. If I am awarded a scholarship, I will accept the scholarship only if I am enrolled as a graduate student in a rehabilitation-related research program at one of the eligible universities (McMaster University, Ryerson University, University of Ontario Institute of Technology, University of Toronto, University of Waterloo, Wilfrid Laurier University, York University) and am supervised by an investigator at Toronto Rehab who is appointed to the School of Graduate Studies at one of the eligible universities.

If I am awarded a scholarship, I promise to conduct the program I have outlined in a diligent and faithful manner, and I will submit at the end of the scholarship term a report or copies of papers or manuscripts resulting from this program. My reports, papers or publications will acknowledge the TD Graduate Scholarship for People with Disabilities. I also consent to the publication of my name, disability, picture, and career goals upon receipt of a scholarship. I will participate in a cheque presentation ceremony and other promotional activities as required.

I require the assistance noted under Education-related Disability Costs to cover the cost of the educational accommodations and/or services related to my disability(ies) as noted in this application. I hereby agree to provide receipts, within 30 days of receiving my final scholarship cheque, which will show that the Education-related Disability Costs funds were spent for their intended purposes.

I will promptly disclose to the Institute Director, Research at Toronto Rehab all financial assistance that I receive from any other source to cover academic and/or disability-related costs. I agree that the amount of my scholarship may be reduced if I receive funding from any other source.

I understand that I may be required to repay all or part of the award if the information in this application is found to be inaccurate for any reason or if my study period and/or my course load changes.

Applicant's Signature	Printed name	Date (dd/mm/yy)

Mailing Instructions

To be completed and submitted no later than 5:00 pm Eastern Standard Time, June 30, 2017 to:

Lois Ward
Manager, Research Operations
Toronto Rehabilitation Institute
550 University Avenue, #12-171
Toronto ON M5G 2A2
Canada
lois.ward@uhn.ca
