

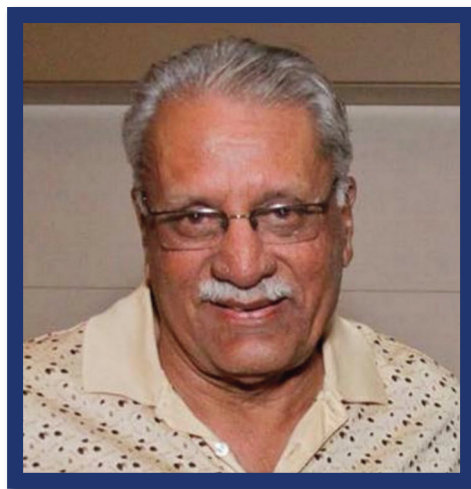
The Dr. Gur Singh Memorial Education Fund was established, and is administrated by the:

BRAIN INJURY ALLIANCE



BRAIN INJURY ALLIANCE
contact@braininjuryalliance.ca
www.braininjuryalliance.ca

Dr. Gur Singh Memorial Education Fund



APPLICATION FORM FOR INDIVIDUALS

www.drgursinghgrants.ca

We gratefully acknowledge financial assistance from the Province Of British Columbia



Organization Name:

Individual's Name:

Section A : Information for Organization Seeking Funding

Date of Application (mm/dd/yyyy):

Name of Organization:

Contact Person:

Address:

Telephone Number:

Email:

Is your organization a Brain Injury Alliance Member? Yes No

(If no, please enquire at contact@braininjuryalliance.ca before proceeding with this application)

Section B: Information About The Individual

First Name: Last Name:

Date of Birth (mm/dd/yyyy):

Canadian Citizen Landed Immigrant Permanent Resident

Address:

Telephone Number:

Email Address:

Medical documentation of an acquired brain injury? Yes No

Highest level of education completed: Pre Injury: Post Injury:

Amount of grant requested - (maximun \$2,000 - no commas): \$

List courses, programs, and training successfully completed since injury.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



Organization Name:

Individual's Name:

Section C: Assess The Skills

Please complete the following skills assessment.

Arrives to appointments on time more than 90% of the time:	Yes	No
Completes tasks as agreed to more than 90% of the time:	Yes	No
Has explored/completed other educational and/or employment opportunities:	Yes	No
Budgets personal finances and supplemental resources:	Yes	No
Has travel to the education facility/worksite arranged:	Yes	No
Has plan in place to fund the program from beginning to graduation:	Yes	No
Has plan in place to deal with domestic and personal responsibilities for program duration:	Yes	No
Has developed personal strategies to deal with brain injury effects (such as fatigue, flooding, frontal lobe symptoms etc.)	Yes	No

Section D: Assess The Match

1. Degree programs are very demanding. It may be reasonable to apply for funding for a degree program if the individuals has:
 - a. Successfully participated in 3 or more academic programs (including programs offered by your society)
 - b. You have responded yes to every Yes/No question above.
2. Other programs can be less demanding so will probably need a lesser degree of skill and ability. At least 6 of the 8 personal skills above should be answered with a Yes in order to apply for funding.
3. Given your responses to the above questions, is completion of the training a reasonable expectation?
 Yes No

Why? (please be specific)



Organization Name:

Individual's Name:

Section E: Assess The Program

Institution to be attended:

Course of study:

Full Time

Part Time

Current level or year of study:

Currently registered?:

Yes

No

Start date (mm/dd/yyyy):

Anticipated completion date (mm/dd/yyyy):

Funds required by? (mm/dd/yyyy):

This grant will fund:

An employment training program

An educational course

A skill development program as a step toward entrance into a employment training program

A personal support/aid to assist an individual to participate in skill development/education

Steps toward self-employment

Other: _____

Does the person meet all of the program pre-requisites?

Yes

No

Tell us about why this training/education was chosen:



Organization Name:

Individual's Name:

Section F: Information About Income

Income Source	Type (monthly, annually, etc.)	Amount
		\$
		\$
		\$
Total		\$

Section G: Information About Annual Program Expenses

Books/Aids/School Supplies:	\$
Transportation Costs:	\$
Clothing/Equipment Costs:	\$
Tuition/Courses/Training:	\$
Other Costs:	\$
Total	\$

List scholarships or bursaries applied for or received relating to the course(s).		Amount Received (no commas)
Scholarship/Bursary And Amount Applied For	Approved?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	\$
Total		\$

Please list all other funding sources that the candidate may be eligible for (ICBC, WorkSafe, etc.).			
Other Funding Source	Applied For?	Comments	Eligibility Amount (no commas)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Total			\$



Organization Name:

Individual's Name:

Section H: Additional Comments



Organization Name:

Individual's Name:

Please Note:

- Successful applicants must provide the Brain Injury Alliance with confirmation of registration and acceptance from the institution the candidate intends to attend prior to receiving the funds.
- Successful applicants must recognize the generous financial contribution by the Province of British Columbia to the Brain Injury Alliance to establish the Dr. Gur Singh Memorial Education Fund in their social media and all contact with media, including radio, print, television and internet.
- Recipients are expected to fully utilize grant funds within the period for the purpose which the grant was provided. Program onset delays, costs other than predicted, or issues that may arise and impact completion date must be reported to the Alliance. Grant amendments/alterations/extensions or transfers must be approved submitting a written request to the Alliance before the funds are used.
- Grants are not transferable to individuals not identified in this application, or to other groups, without the express written permission of the Alliance.
- The Brain Injury Alliance reserves the right to publish the names of successful applicants (individuals and/or organizations) in any or all media.
- Applicants are responsible for ensuring that all necessary applications and required documents are received by the Alliance, on or before the expiry of grant application deadlines.
- The Alliance reserves the right to deny a grant request, or to limit the amount of grants issued to any and all groups. Funding availability varies depending on the number of qualified applicants and fund amount.

We, the undersigned, declare that this applicant and assisting organization are eligible to receive a Dr. Gur Singh Memorial Education Fund grant, and the applicant has documented medical proof of an acquired brain injury.

Signatures

Signature of authorized officer:	<input type="text"/>
Date of signing (mm/dd/yyyy):	<input type="text"/>
Signature of applicant:	<input type="text"/>
Date of signing (mm/dd/yyyy):	<input type="text"/>

Email this completed digital application, and any scanned relevant documentation to:
info@drgursinghgrants.ca