



United Cerebral Palsy of MetroBoston College Scholarship Application

PART 1: GENERAL INFORMATION

Full Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name of High School/College: _____

High School/College Address: _____

City: _____ State: _____ Zip: _____

Expected Graduation Date: _____

List any honors or awards received in school: _____

List college to which you have applied (High School Students Only):

List any colleges issuing an acceptance letter to you:

Which college would you likely attend? _____

Will you/do you receive any financial assistance? Yes: _____ No: _____

If so, what type? _____

How did you hear about this program and scholarship? _____

Disability Diagnosis: _____

List any activities involved with inside and outside of school: _____

PART 2: SHORT ESSAY

Write a brief essay about something you have dealt with as a result of your disability. You may discuss one of these topics below or use one of your own:

- How have you overcome the challenge of your disability (personally, socially, in school, etc.)?
- What does having a disability mean to you?
- Identify someone who has been helpful in your success, explain who and how.
- An achievement of which you are proud.

Please answer essay in 250 typed words or less using 12 point font and double spacing.

PART 3: OTHER REQUIREMENTS

1. A letter from your doctor indicating you have a disability. (Priority is given to individuals with a diagnosis of cerebral palsy.)
2. Two letters of recommendation other than your doctor (such as a teacher, academic advisor, principal, employer, or religious leader).
3. A copy of your transcript from high school/college.
4. An acceptance letter from your college of choice should be included in this packet or forwarded shortly thereafter.

Please return this completed application, short essay, letter from your doctor, two letters of recommendation, and your unofficial transcript in one complete package to:

**United Cerebral Palsy of MetroBoston
c/o UCP College Scholarship
71 Arsenal Street
Watertown, MA 02472**

OR email to ucpboston@ucpboston.org Please include scholarship application in the subject line.

Deadline for all applications is June 30th.

This information will be reviewed by the United Cerebral Palsy of MetroBoston Scholarship Committee and remain strictly confidential.