

OFCP AWARDS

ERIC WALDRON SCHOLARSHIP AWARD 2015

Award Description:

This scholarship is provided to a s tudent with cerebral palsy who is enrolled in an O ntario College or University and who has completed his or her first year of instruction at University or College. Enrollment in programs that will lead to working with individuals with disabilities will be an asset.

The Eric Waldron Scholarship is in the amount of \$500.00 paid in one instalment.

Nomination:

The Awards Committee is interested in the student's volunteer and employment endeavours and/or family involvement with an individual(s) with cerebral palsy. Personality, attitude and leadership attributes of the applicant will al so be c onsidered t hrough per sonal/professional I etters of r eference. A cademic and community references are acceptable. Please note that course transcripts including marks are required. Support documentation for a d iagnosis of cerebral palsy must be included with this application. The selection will be made by the Awards Committee.

Presentation:

This Award will be presented in October 2015.

Nomination Deadline:

Forms and supporting documentation must be received at the OFCP office by Friday, July 3, 2015.

Send completed applications and all accompanying documentation by postal mail to:

Ontario Federation for Cerebral Palsy Attn: Awards Committee 1630 Lawrence Avenue West, Suite 104 Toronto, Ontario M6L 1C5

Please note that this Award is not automatically presented every year. If you have any questions or need additional information please contact Cathy Persons at 416-244-9686 or toll free 1-877-244-9686, Ext 224 or e-mail cathy@ofcp.ca.



ERIC WALDRON SCHOLARSHIP AWARD 2015

APPLICATION FORM

| PART A. | | | |
|----------------------------|-----------------|--------------|---|
| TO BE COMPLETED BY STUDEN | г | | |
| Student's Name: | | | - |
| Address: | | | |
| City: | Province: | Postal Code: | |
| Phone Number: | | | |
| E-mail: | | | |
| | | | |
| PART B. | | | |
| UNIVERSITY OR COLLEGE CURR | ENTLY ATTENDING | | |

PART C.

In 250 words or less, please describe your professional goals in the field you have chosen. Give specific reasons why you have chosen this career and why you feel you will be successful in your future profession. Please include your interests, hobbies and volunteer work that may relate to this profession. Personal and professional letters of reference are required.

Support Documentation for a diagnosis of cerebral palsy must be included with this application. Applicants must be residents of Ontario.

Please note that your application and accompanying documentation must be in the hands of the Selection Committee, not later than Friday, July 3, 2015.